2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED May 01, 2006 08:00 AN Secretary of State DOCUMENT # L99000006657 1. Entity Name MEDLEY ACQUISITIONS, L.L.C. Principal Place of Business Mailing Address 4 EAST PORT ROAD 4 EAST PORT ROAD RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404 01302006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0953894 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and little il applicable. Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM BIRDSALL, INC. NAME 4 EAST PORT ROAD STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH, FL 33404 U00000557911 05/17/06-80073-004 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-28-06

Davlime Phone #