

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90271 050 \*\*\*\*55.00

**DOCUMENT # Z00199**

1. Entity Name  
MEDLEY WAREHOUSES, L.C.



Principal Place of Business  
2600 DOUGLAS ROAD.  
SUITE 406  
CORAL GABLES, FL 33134

Mailing Address  
2600 DOUGLAS ROAD.  
SUITE 406  
CORAL GABLES, FL 33134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
65-0187395

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SPENCER, THOMAS R., JR.  
801 BRICKELL AVE.  
SUITE 1901  
MIAMI, FL 33131

**7. Name and Address of New Registered Agent**

Name  
SPENCER, THOMAS R., JR.  
Street Address (P.O. Box Number is Not Acceptable)  
PENTHOUSE 11 B  
TWO ALHAMBRA PLAZA  
City  
CORAL GABLES FL Zip Code  
33134

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2004

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	M	<input type="checkbox"/> Delete
NAME	NUBRO CORPORATION, N.V.	
STREET ADDRESS	1600 MICANOPY AVE.	
CITY-ST-ZIP	COCONUT GROVE, FL 363133	
TITLE	M	<input type="checkbox"/> Delete
NAME	SUNNYVILLE CORPORATION,	
STREET ADDRESS	2600 DOUGLAS RD.#406	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*SUNNYVILLE MEMBER*  
**SERGIO L. FERNANDEZ**

Date

Daytime Phone #

1/23/04 461-9941