


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90227 013 ****50.00

DOCUMENT # L03000017416

1. Entity Name
DRNP 2 LLC



Principal Place of Business
**169 EAST FLAGLER STREET
 SUITE: 1118
 MIAMI, FL 33131**

Mailing Address
**169 EAST FLAGLER STREET
 SUITE: 1118
 MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #
**169 EAST FLAGLER ST
 SUITE 1620**

3. Mailing Address
**169 EAST FLAGLER ST
 SUITE 1620**

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33131

Country
US



02072007 Chg-LLC CR2E083 (12/06)

E. Name and Address of Current Registered Agent

**GLINSKY, MICHAEL CPA
 169 EAST FLAGLER STREET
 SUITE: 1118
 MIAMI, FL 33131**

4. FEI Number
13-4261320

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
GLINSKY, MICHAEL CPA

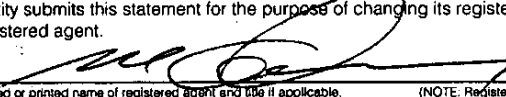
Street Address (P.O. Box Number is Not Acceptable)
169 EAST FLAGLER STREET SUITE 1620

City
MIAMI

State
FL

Zip Code
33131

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  DATE **04-04-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRK HILL INTERNATIONAL HOLDINGS, INC. 169 EAST FLAGLER STREET STE. 1118 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAIKSEL, YAIR 169 EAST FLAGLER STREET STE. 1118 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRK HILL INTERNATIONAL HOLDINGS, INC. 169 EAST FLAGLER STREET STE 1620 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAIKSEL, YAIR 169 EAST FLAGLER STREET STE 1620 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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:  DATE: **04-04-07** DAYTIME PHONE #: **(305) 358-4466**

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