


02-01-2008 90045 002 ***138.75

DOCUMENT # L03000017416

1. Entity Name
 DRNP 2 LLC



Principal Place of Business 169 EAST FLAGLER STREET SUITE: 1620 MIAMI, FL 33131	Mailing Address 169 EAST FLAGLER STREET SUITE: 1620 MIAMI, FL 33131
--	--



01112008No Chg-LLC CR2E083 (12/07)

4. FEL Number 13-4261320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GLINSKY, MICHAEL CPA
 169 EAST FLAGLER STREET
 SUITE: 1620
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

6. 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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRKILL INTERNATIONAL HOLDINGS, INC. 169 E FLAGLER ST STE 1620 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAIKSEL, YAIR 169 E FLAGLER ST STE 1620 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 808, Florida Statutes.

SIGNATURE: *YAIR DAIKSEL* 1/24/08 7863852698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date DayOne Phone #