

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000028723

FILED
Feb 24, 2009
Secretary of State

Entity Name: ORBE FUNDING, L.L.C.

Current Principal Place of Business:

16300 NE 19TH AVENUE STE. 213
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16300 NE 19TH AVENUE STE. 213
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 20-8840538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, RAFAEL
16300 NE 19TH AVENUE STE. 213
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHTEREMBERG, ISAAC
Address: 10471 N.W. 36TH STREET
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: MERRITT, RALPH JR.
Address: 2325 N.W. 102 PLACE
City-St-Zip: DORAL, FL 33172

Title: MGRM () Delete
Name: MESSIANU, LUIS MIGUEL
Address: 13621 DEERING BAY DRIVE APT. 403
City-St-Zip: CORAL GABLES, FL 33158

Title: MGRM () Delete
Name: COHEN, RAFAEL
Address: 16300 NE 19TH AVENUE SUITE 213
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAFAEL COHEN

MGRM

02/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date