

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000028723

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

FILED  
Mar 17, 2011  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

12411-12433 NW 35 STREET  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

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

**New Mailing Address:**

2325 NW 102ND PLACE  
DORAL, FL 33172

FEI Number: 20-8840538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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:**

COMMERCIAL PROPERTY GROUP, INC.  
2325 NW 102ND PLACE  
DORAL, FL 33172 US

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: RALPH MERRITT, JR.

03/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

Title: MGRM  
Name: MESSIANU, LUIS MIGUEL  
Address: 2910 GRANADA BLVD  
City-St-Zip: CORAL GABLES, FL 33134 63

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

I hereby 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: RALPH MERRITT, JR.

MGRM

03/17/2011

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