

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000028723

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

FILED  
Jan 28, 2008  
Secretary of State

**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 TRUSTEE  
Address: 13621 DEERING BAY DRIVE APT. 403  
City-St-Zip: CORAL GABLES, FL 33158

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

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

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

01/28/2008

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