

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Feb 11, 2009
Secretary of State**

DOCUMENT# L06000116537

Entity Name: ORKIL INTERNATIONAL, LLC

Current Principal Place of Business:

20801 BISCAYNE BLVD
403
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20801 BISCAYNE BLVD.
403
AVENTURA, FL 33180

New Mailing Address:

20801 BISCAYNE BLVD
403
AVENTURA, FL 33180

FEI Number: 20-8062933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MERKIN, STEWART A
444 BRICKELL AVENUE, STE 300
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MISHKIN, SAUL
20801 BISCAYNE BLVD.
403
AVENTURA, FL 33180 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: SAUL MISHKIN 02/11/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MISHKIN CHLIMPER, SAUL
Address: 20801 BISCAYNE BLVD, SUITE 403
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MISHKIN, SAUL
Address: 20801 BISCAYNE BLVD, SUITE 403
City-St-Zip: AVENTURA, FL 33180

Title: AMGR (X) Delete
Name: NEUMAN, ALEX
Address: 20801 BISCAYNE BLVD., SUITE 403
City-St-Zip: AVENTURA, FL 33180

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: SAUL MISHKIN MGR 02/11/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date