

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019991

Entity Name: ORLI, LLC

FILED  
Jul 10, 2007  
Secretary of State

**Current Principal Place of Business:**

16105 N.E. 18TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

16105 N.E. 18TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 41-2118960      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RONES, VICTOR K  
16105 N.E. 18TH AVENUE  
NO. MIAMI BEACH, FL 33162      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROSENFELD FRIEDSTADT, ENRIQUE  
Address: 16105 NE 18 AVE  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: MGRM ( ) Delete  
Name: ORGLER, LILI FRIEDSTAC  
Address: 16105 N.E. 18TH AVENUE  
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:

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: LILI FRIEDSTADT DE ORLGER

MGRM

07/10/2007

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