

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Jan 20, 2006 08:00 AM
Secretary of State**DOCUMENT # L03000017416**1. Entity Name
DRNP 2 LLCPrincipal Place of Business
**169 EAST FLAGLER STREET
SUITE: 1118
MIAMI, FL 33131**Mailing Address
**169 EAST FLAGLER STREET
SUITE: 1118
MIAMI, FL 33131**

01112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
13-4261320Applied For
☐ Not Applicable5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****GLINSKY, MICHAEL CPA
169 EAST FLAGLER STREET
SUITE: 1118
MIAMI, FL 33131****DO NOT WRITE
IN THIS SPACE****8. 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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006****9. MANAGING MEMBERS/MANAGERS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KIRK HILL INTERNATIONAL HOLDINGS, INC.
169 EAST FLAGLER STREET STE. 1118
MIAMI, FL 33131**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DAIKSEL, YAIR
169 EAST FLAGLER STREET STE. 1118
MIAMI, FL 33131**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE****11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.****SIGNATURE:** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/13/06 786-3858688