


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90227 013 ****50.00

DOCUMENT # L03000017416	
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1. Entity Name
DRNP 2 LLC

Principal Place of Business 169 EAST FLAGLER STREET SUITE: 1118 MIAMI, FL 33131	Mailing Address 169 EAST FLAGLER STREET SUITE: 1118 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 169 EAST FLAGLER ST Suite, Apt. #, etc. SUITE 1620 City & State MIAMI, FL Zip 33131 Country US	3. Mailing Address 169 EAST FLAGLER ST Suite, Apt. #, etc. SUITE 1620 City & State MIAMI, FL Zip 33131 Country US
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02072007 Chg-LLC CR2E083 (12/06)

4. FEI Number 13-4261320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

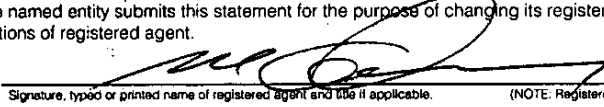
6. Name and Address of Current Registered Agent

GLINSKY, MICHAEL CPA
169 EAST FLAGLER STREET
SUITE: 1118
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
GLINSKY, MICHAEL CPA
Street Address (P.O. Box Number is Not Acceptable)
169 EAST FLAGLER STREET SUITE 1620
City
MIAMI FL Zip Code
33131

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.

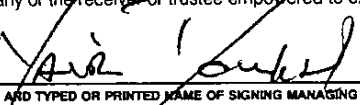
SIGNATURE  DATE 04-04-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRK HILL INTERNATIONAL HOLDINGS, INC. 169 EAST FLAGLER STREET STE. 1118 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRK HILL INTERNATIONAL HOLDINGS, INC. 169 EAST FLAGLER STREET STE 1620 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAIKSEL, YAIR 169 EAST FLAGLER STREET STE. 1118 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAIKSEL, YAIR 169 EAST FLAGLER STREET STE 1620 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE:  DATE 04-04-07 DAYTIME PHONE # (305) 358-4466

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