

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042896

FILED  
Aug 18, 2006  
Secretary of State

Entity Name: ORKA INVESTMENTS, LLC

**Current Principal Place of Business:**

10352 N.W. 46 TERRACE  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

10352 N.W. 46 TERRACE  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 20-3600153      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:**

HABER, ROBERT M ESQ.  
C/O FREEMAN, HABER, ET AL  
520 BRICKELL KEY DRIVE, SUITE O-305  
MIAMI, FL 33131 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: MGR ( ) Delete  
Name: HARBIEH, ANTOINE  
Address: 5151 N.W. 102ND COURT  
City-St-Zip: DORAL, FL 33178

Title: MGR ( ) Delete  
Name: HARBIE, TOUFIC  
Address: 5151 N.W. 102ND COURT  
City-St-Zip: DORAL, FL 33178

**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 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: KHALIL HARBIE

M

08/18/2006

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