

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086335

Entity Name: ORBE DEVELOPERS, LLC

FILED  
Jan 10, 2006  
Secretary of State

## Current Principal Place of Business:

16300 NE 19TH AVENUE, STE. 213  
NORTH MIAMI BEACH, FL 33162

## New Principal Place of Business:

16300 NE 19TH AVENUE  
STE 213  
NORTH MIAMI BEACH, FL 33162

## Current Mailing Address:

16300 NE 19TH AVENUE, STE. 213  
NORTH MIAMI BEACH, FL 33162

## New Mailing Address:

16300 NE 19TH AVENUE  
STE 213  
NORTH MIAMI BEACH, FL 33162

FEI Number: 20-3447828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COHEN, RAFAEL  
16300 NE 19TH AVENUE, STE 253  
NORTH MIAMI BEACH, FL 33162 US

## Name and Address of New Registered Agent:

COHEN, RAFAEL  
16300 NE 19TH AVENUE  
STE 213  
NORTH 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: RAFAEL COHEN

01/10/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SHTEREMBERG, ISAAC  
Address: 16300 NE 19TH AVENUE, STE. 213  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR ( ) Delete  
Name: MESSIANU, LUIS MIGUEL  
Address: 16300 NE 19TH AVENUE, STE. 213  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR ( ) Delete  
Name: COHEN, RAFAEL  
Address: 16300 NE 19TH AVENUE, STE. 213  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: MERRITT, RALPH JR  
Address: 16300 NE 19TH AVENUE, STE 213  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: RAFAEL COHEN

MGR

01/10/2006

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