

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081702

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: FLACONDORLIN LLC

**Current Principal Place of Business:**

C/O KAREN J. ORLIN, 2655 LE JEUNE ROAD  
SUITE 500  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KAREN J. ORLIN, P. O. BOX 430620  
MIAMI, FL 33243 US

**New Mailing Address:**

FEI Number: 26-3244068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ORLIN, KAREN J  
C/O KAREN J. ORLIN, 2655 LE JEUNE ROAD  
SUITE 500  
CORAL GABLES, FL 33134 US

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

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: ORLIN, KAREN J  
Address: P. O. BOX 430620  
City-St-Zip: MIAMI, FL 33243 US

Title: MGR ( ) Delete  
Name: ORLIN, GLENN S  
Address: 4608 SLEAFORD ROAD  
City-St-Zip: BETHESDA, MD 20814

**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: KAREN J. ORLIN

MGR

01/15/2009

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