

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 15, 2009
Secretary of State**

DOCUMENT# L08000081702

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