

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010183

**DOCUMENT #** L00000007574  
**1. Entity Name**  
 INVERRARY BB LLC

**FILED**

2001 APR 30 AM 9:32

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
 % ORION INVESTMENT & MANAGEMENT LTD CORP  
 9000 SW 152ND STREET, SUITE 106  
 MIAMI FL 33157

**Mailing Address**  
 % ORION INVESTMENT & MANAGEMENT LTD CORP  
 9000 SW 152ND STREET, SUITE 106  
 MIAMI FL 33157

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip

**4. FEI Number**  
 65-1022954

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 BROWN, B. M ESQ.  
 % WHITE & BROWN, P.A.  
 9000 SW 152ND STREET, SUITE 106  
 MIAMI FL 33157

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

**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.**

**SIGNATURE** \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

700004220067--8  
 -05/16/01--01071--022  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MEMBERS**

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR Beba Company Holdings LP	9000 SW 152 St # 106	MIAMI FL 33157		
operating MGR Joseph Asanz	9000 SW 152 St # 106	MIAMI FL 33157		

CR2E083 (11/00)

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Joseph Asanz 4/20/01 305-278-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #