


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90200 020 ****50.00

DOCUMENT # L00000007574

1. Entity Name
INVERRARY BB LLC



Principal Place of Business Mailing Address

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



2. Principal Place of Business 3. Mailing Address

9155 S. Dadeland Blvd **9155 S. Dadeland Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#1602 **#1602**

City & State City & State
Miami, FL **Miami, FL**

Zip Country Zip Country
33156 **USA** **33156** **USA**

02232006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For

65-1022954 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, B. M ESQ. % WHITE & BROWN, P.A. 9000 SW 152ND STREET, SUITE 106 MIAMI, FL 33157	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City State Zip Code
	9155 S. Dadeland Blvd #1602 Miami FL 33156

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. I am familiar with, and accept the obligations of registered agent.

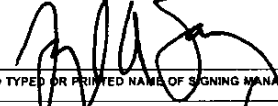
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEBA COMPANY HOLDINGS LP <input type="checkbox"/> Delete 9000 SW 152 ST #106 MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9155 S. Dadeland Blvd #1602 Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete SANZ, JOSEPH A 9000 SW 152 ST #106 MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9155 S. Dadeland Blvd #1602 Miami FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **2/28/06** **305-278-8400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #