


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jul 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000007575 1. Entity Name HINSDALE BB LLC	
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Principal Place of Business % ORION INVESTMENT & MGMT LTD. CORP 9000 SW 152ND STREET, SUITE 106 MIAMI, FL 33157	Mailing Address % ORION INVESTMENT & MGMT LTD. CORP 9000 SW 152ND STREET, SUITE 106 MIAMI, FL 33157
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06292005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1022960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, B M ESQ.
% WHITE & BROWN, P.A.
9000 SW 152ND ST., STE. 102
MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

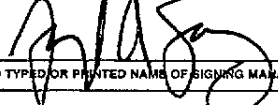
**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEBA COMPANY HOLDINGS LP 9000 SW 152 ST #106 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANZ, JOSEPH A 9000 SW 152 ST #106 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/05/05-80011-009 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  6/30/05 305-278-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/mo Phone #