2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000000548

1. Entity Name
BBR, L.L.C.

Principal Place of Business	Mailing Address
9727 NORTHWEST 44 TERRACE MIAMI, FL 33178	9727 NORTHWEST 44 TERRACE MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

02152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
75-2975425
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CMS INTERNATIONAL ENTERPRISES, INC.
2600 DOUGLAS RD., STE. 400
CORAL GABLES, FL 33134

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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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BALESTRINI, ULISES J
STREET ADDRESS	9727 N.W. 44TH TERR.
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	BALESTRINI, ULISES
STREET ADDRESS	9727 NORTHWEST 44 TERRACE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	ROJAS, JUAN
STREET ADDRESS	9727 NORTHWEST 44 TERRACE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/04-80050-013 50.00

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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: ULISES J BALESTRINI 02/15/04 305-629-9034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #