


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000016401
 1. Entity Name
 PLIX BB, LLC



Principal Place of Business: 201 E. DI LIDO DRIVE, MIAMI BEACH, FL 33139 US
 Mailing Address: 201 E. DI LIDO DRIVE, MIAMI BEACH, FL 33139 US

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03232005 No Chg-LLC CR2E083 (10/03)

4. FEI Number: 57-1168240 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SONN, TERRI
 20801 BISCAYNE BOULEVARD
 SUITE 501
 AVENTURA, FL 33180

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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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	EDELSTEIN, AARON J
STREET ADDRESS	201 E. DILIDO DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	ST
NAME	EDELSTEIN, BERNIE
STREET ADDRESS	1221 BISCOYA DRIVE
CITY-ST-ZIP	SURFSIDE, FL 33154
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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] Date: 3/23/05 Daytime Phone #: 305 532-5579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE