


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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. **MANAGING MEMBERS/MANAGERS**

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

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IN THIS SPACE**

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02/23/04-80050-013 50.00

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: *Ulises J Balestrini* **ULISES J BALESTRINI** 02/15/04 305-627-9034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #