


**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: **9727 NORTHWEST 44 TERRACE  
MIAMI, FL 33178**  
Mailing Address: **9727 NORTHWEST 44 TERRACE  
MIAMI, FL 33178**

**DO NOT WRITE IN THIS SPACE**



02152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>75-2975425</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CMS INTERNATIONAL ENTERPRISES, INC.  
2600 DOUGLAS RD., STE. 400  
CORAL GABLES, FL 33134**

**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 \_\_\_\_\_ (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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

1000000060710  
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 #