2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000007574

1. Entity Name
INVERRARY BB LLC

Principal Place of Business	Mailing Address
% ORION INVESTMENT & MANAGEMENT LTD CORP 9000 SW 152ND STREET, SUITE 106 MIAMI, FL 33157	% ORION INVESTMENT & MANAGEMENT LTD CORP 9000 SW 152ND STREET, SUITE 106 MIAMI, FL 33157

01192004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1022954
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, B. M ESQ.
% WHITE & BROWN, P.A.
9000 SW 152ND STREET, SUITE 106
MIAMI, FL 33157

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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

000000154158
05/04/04-80156-005 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BEBA COMPANY HOLDINGS LP
STREET ADDRESS	9000 SW 152 ST #106
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	MGR
NAME	SANZ, JOSEPH A
STREET ADDRESS	9000 SW 152 ST #106
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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: _____ 4/30/04 3052788400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #