

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/17/2003-90011-003-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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10/07

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-2975425**

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME BALESTRINI, ULISES G Delete
STREET ADDRESS 9727 N.W. 44TH TERR.
CITY-ST-ZIP MIAMI FL 33178

TITLE Change Addition
NAME BALESTRINI, ULISES J

TITLE MGR Delete
NAME BALESTRINI, ULISES B
STREET ADDRESS 9727 NORTHWEST 44 TERRACE
CITY-ST-ZIP MIAMI FL 33178

TITLE Change Addition
NAME BALESTRINI, ULISES

TITLE MGR Delete
NAME ROJAS ACHE, JUAN
STREET ADDRESS 9727 NORTHWEST 44 TERRACE
CITY-ST-ZIP MIAMI FL 33178

TITLE Change Addition
NAME ROJAS, JUAN

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 BALESTRINI

09/05/03

305-629-9034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)