

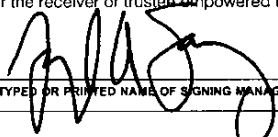


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90200 020 ****50.00

DOCUMENT # L00000007574 1. Entity Name INVERRARY BB LLC			
Principal Place of Business % ORION INVESTMENT & MANAGEMENT LTD CORP 9000 SW 152ND STREET, SUITE 106 MIAMI, FL 33157		Mailing Address % ORION INVESTMENT & MANAGEMENT LTD CORP 9000 SW 152ND STREET, SUITE 106 MIAMI, FL 33157	
2. Principal Place of Business 9155 S. Dadeland Blvd Suite, Apt. #, etc. #1602 City & State MIAMI, FL Zip 33156 Country USA		3. Mailing Address 9155 S. Dadeland Blvd Suite, Apt. #, etc. #1602 City & State MIAMI, FL Zip 33156 Country USA	
			
		02232006 Chg-LLC CR2E083 (11/05)	
		4. FEI Number 65-1022954 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9155 S. Dadeland Blvd #1602 City MIAMI FL Zip Code 33156	
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 reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEBA COMPANY HOLDINGS LP	NAME	9155 S. Dadeland Blvd #1602
STREET ADDRESS	9000 SW 152 ST #106	STREET ADDRESS	MIAMI, FL 33156
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANZ, JOSEPH A	NAME	9155 S. Dadeland Blvd #1602
STREET ADDRESS	9000 SW 152 ST #106	STREET ADDRESS	MIAMI, FL 33156
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		2/28/06 305-278-8400 Date Daytime Phone #	