

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030087

Entity Name: BBH OF DELRAY, LLC

FILED
Mar 30, 2006
Secretary of State

Current Principal Place of Business:

1047 EAST ATLANTIC AVENUE
DELRAY BEACH, FL 33483

New Principal Place of Business:

723 N US HIGHWAY 1
FORT PIERCE, FL 34950

Current Mailing Address:

1047 EAST ATLANTIC AVENUE
DELRAY BEACH, FL 33483

New Mailing Address:

723 N US HIGHWAY 1
FORT PIERCE, FL 34950

FEI Number: 47-0898593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORGER, LEONARD
1047 EAST ATLANTIC AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

HORGER, LEONARD
723 N US HIGHWAY 1
FORT PIERCE, FL 34950 US

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.

SIGNATURE: LEONARD HORGER

03/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HORGER, BARBARA B
Address: 1047 EAST ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM (X) Delete
Name: LANCE, DERYCK M
Address: 1047 EAST ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HORGER, BARBARA B
Address: 723 N US HIGHWAY 1
City-St-Zip: FORT PIERCE, FL 34950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEONARD HORGER

MGRM

03/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date