

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000031947

1. Entity Name  
IBBH GDBR PTRS, LLC



Principal Place of Business

11380 PROSPERITY FARMS ROAD, SUITE 217  
PALM BEACH GARDENS, FL 33410

Mailing Address

11380 PROSPERITY FARMS ROAD, SUITE 217  
PALM BEACH GARDENS, FL 33410



01072004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0980097

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THIEMANN, DIETER A  
11380 PROSPERITY FARMS ROAD, SUITE 217  
PALM BEACH GARDENS, FL 33410

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME WEIGL HOLDINGS (USA), INC.  
STREET ADDRESS 11380 PROSPERITY FARMS ROAD, SUITE 217  
CITY - ST - ZIP PALM BEACH GARDENS, FL 33410

TITLE MGR  
NAME THIEMANN, DIETER A  
STREET ADDRESS 11380 PROSPERITY  
CITY - ST - ZIP PALM BEACH GARDENS, FL 33410

TITLE  
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U00000021207  
01/29/04-80099-002 50.00

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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: *Dieter A Thiemann*

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

*1/22/04 561 694 1200*

Date

Daytime Phone #