2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

Mar 07, 2007 8:00 am **Secretary of State** DOCUMENT # L02000031947 03-07-2007 90214 046 ****50.00 IBBH GDBR PTRS, LLC Principal Place of Business Mailing Address 11380 PROSPERITY FARMS ROAD, SUITE 217 11380 PROSPERITY FARMS ROAD, SUITE 217 SUITE 110A SUITE 110A PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11380 PROSPERITY FROM RD 11380 PROSPERITY FRAS. RD Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 CR2E083 (12/06) Cha-LLC SUITE 215 SUITE 215 City & State City & State 4. FEI Number Applied For GARDENS FL PALM BEACH PALM BEACH GARDENS FL 65-0980097 Not Applicable Country Country Zip Zip \$5.00 Additional 5. Certificate of Status Desired AZD 33410 **BZD** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THIEMANN, DIETER THIEMANN, DIETER A Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD, SUITE 217 PROSPERITY FARMS **STE 110A** PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS 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 Fiorida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE MGR ☐ Delete Change ☐ Addition WEIGL HOLDINGS (USA), INC 11380 PROSPERITY FARMS WEIGL HOLDINGS (USA), INC. NAME NAME STREET ADDRESS 11380 PROSPERITY FARMS ROAD SUITE 110A Ste ais STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-7IP PALM BEACH GARDENS 33410 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Defete TITI F ☐ Change ■ Addition MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLÉ ☐ Delete TITLE ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 emplowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Daytime Phone I