FILED May 15, 2008 8:00 am Secretary of State 05-15-2008 90078 045 ***138.75

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		ANN	UAL	REP	OR	T	
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1. Entity Name IBBH GDBR PTRS, LLC	947		03-13-2008 90078 043 138.73						
Principal Place of Business 11380 PROSPERITY FARMS ROAD SUITE 215 PALM BEACH GARDENS, FL 33410	Mailing Address 11380 PROSPERITY FARMS ROAD SUITE 215 PALM BEACH GARDENS, FL 33410								
2. Principal Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02292008 Chg-LLC CR2E083 (12/06)						
City & State	City & State		4. FEI Number Applied For 65-0980097 Not Applicable						
Zip Country	Zip	Country	5. Certificate of Status Desired						
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
THIEMANN, DIETER A		Name							
11380 PROSPERITY FARMS ROAD			Bruce H. Mattson, P.A.						
STE 215 500 PALM BEACH GARDENS, FL 33410	At Q		5400 N. Andrews Ave., Suite 320 ———————————————————————————————————						
	; ·	City	Zip Code						
	or the purpose of changing its r	egistered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept						
the obligations of this stered agent. SIGNATURE Y/26/08									
Signature Typed or printed name of registered agent	and the it applicable. (NOTE:	Hadisteled Adeut Provettile cedin	ired when reinstating) OATE						
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.7	5		Make check payable to Florida Department of State						
9. MANAGING MEMB	ERS/MANAGERS	10.	ADDITIONS/CHANGES						
NAME WEIGL HOLDINGS (USA), INC.	☐ Delete	TITLE NAME	☐ Change ☐ Addition						
STREET ADDRESS 11380 PROSPERITY FARMS R	D., STE 215	STREET ADDRESS							
CITY-ST-ZIP PALM BEACH GARDENS, FL 3		CITY-SI-ZIP							
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with	Delete In this filing does not qualify for that my signature shall have the	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions containing same legal effect as	☐ Change ☐ Addition ed in Chapter 119, Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with indicated on this report is true and accurate any	Delete In this filing does not qualify for that my signature shall have the	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions containing same legal effect as	☐ Change ☐ Addition ed in Chapter 119, Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the						