LIMITED LIABILITY COMPANY

Mar 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L02000031947 1. Entity Name 03-07-2003 90016 005 \*\*\*\*50.00 IBBH GDBR PTRS, LLC DO NOT WRITE IN THIS SPACE 11380 PROSPERITY FARMS RO 11380 PROSPERITY FARMS RO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 217 SUTTE 217 City & State City & State 4. FEI Number Applied For PARM BEACH GARROGNS PAUM BEACH GARDENS 65-0980097 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 33410 <u> 33 410</u> USA USA 7. Name and Address of Current Registered Agent DO\_NOT WRITE IN THIS SPACE BEACH GRASIENS 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 DATE FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** 9. MANAGING MEMBERS/MANAGERS TITLE HERBERT WEIGH, PRES. TITLE WEIGH HOLDINGS (USA) INC 11380 PROSPERITY FARMS RD 217 PALM BEACH GARDENC, FL 33410 NAME STREET ADDRESS STREET ADDRESS CR2E083B CITY - ST- ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ASST. MGR TITLE TITLE DIETER A. THIEMANN 11980 PROSPERITY FARMS RD 217 PALM MEACH GARDENS FL33410 NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIR

SIGNATURE: ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

Date

Daytime Phone #

FILED