


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000016401 1. Entity Name PLIX BB, LLC	
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Principal Place of Business 201 E. DI LIDO DRIVE MIAMI BEACH, FL 33139 US	Mailing Address 201 E. DI LIDO DRIVE MIAMI BEACH, FL 33139 US
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DO NOT WRITE IN THIS SPACE



03232005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 57-1168240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SONN, TERRI 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE


**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDELSTEIN, AARON J 201 E. DILIDO DRIVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EDELSTEIN, BERNIE 1221 BISCOYA DRIVE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/29/05-80017-009 50.00

**DO NOT WRITE
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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)(f), 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:  **3/23/05 305 532-5574**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #