2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State
04-18-2005 90077 042 ****50.00

JUUU6447

DOCUMENT # L04000016549

1. Entity Name
BBH 163, L.L.C.

Principal Place of Business	Mailing Address
TURNBERRY PLAZA, STE. 400A 2875 N.E. 191ST STREET AVENTURA, FL 33180	TURNBERRY PLAZA, STE. 400A 2875 N.E. 191ST STREET AVENTURA, FL 33180

01052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2875 NE 191st street		2875 NE 191st street	
Suite, Apt. #, etc. 300		Suite, Apt. #, etc. 300	
City & State Aventura Florida		City & State Aventura florida	
Zip 33180	Country USA	Zip 33180	Country USA

4. FEI Number 20-0992117 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SERBER, DANIEL J ESQ
TURNBERRY PLAZA, STE. 801
2875 N.E. 191ST STREET
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DJMAL RICARDO 2875 NE 191 ST STREET SUITE 300 AVENTURA, FLORIDA 33180 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAKOVER ALEJANDRO 2875 NE 191 ST STREET SUITE 300 AVENTURA, FLORIDA 33180 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: R. DJMAL 04/11/05 (305)935-6955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #