## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # L04000016549  1. Entity Name BBH 163, L.L.C.					05-01-2006 90071 001 ****50.00			
Principal Place 2875 N.E. 19 300 AVENTURA, F	91ST STREET	Mailing Address 2875 N.E. 191ST STRE 300 AVENTURA, FL 33180	ET		⊷ ∪ ∪ ±   11   11   11   11   11   11   11			
2. Principal P	lace of Business . 1918+8+	3. Mailing Address	2.191st.S					
Suite, Apt.	sute 300	Suite, Apt. #, etc.	300	01092006	Chg-LLC	CR2E083		
City & State	D-FINOR +F	City & State	ra, FL	4. FEI Numb 20-099			No	plied For t Applicable
zip 331	80 USA	<sup>zip</sup> 33180	Country A		e of Status Desired	Fe	5.00 Add e Required	
	6. Name and Address of Current R	Name	7. Name and Address of New Registered Agent Name					
SERBER, DANIEL J ESQ TURNBERRY PLAZA, STE. 801 2875 N.E. 191ST STREET AVENTURA, FL 33180			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
			City		FL Zip Code			
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered affice or re	egistered agent, or bo	oth, in the State of Flo	orida. I am fan	niliar with,	and accept
SIGNATURE .								
	Signature, typed or printed name of registered agent an	nd title it applicable. (NOTE	: Registered Agent signature r	required when reinstating)		DATE		
	ling Fee is \$50.00 ue by May 1, 2006	of title if applicable. (NOTE	:: Registered Agent signature r	required when reinstating)		e check pay Departmen		•
	ling Fee is \$50.00		: Registered Agent signature r	required when reinstating)		e check pay i Departmen		)
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11. I hereby certify that the information supplied with this filing 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 of the received to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

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