

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90046 029 ****50.00

DOCUMENT # L04000016549

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



Principal Place of Business
2875 NE 191ST STREET
300
AVENTURA, FL 33180

Mailing Address
2875 N.E. 191ST STREET
300
AVENTURA, FL 33180

60040704



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272007 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

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

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DJMAL, RICARDO
STREET ADDRESS 2875 N.E. 191ST STREET, SUITE 300
CITY-ST-ZIP AVENTURA, FL 33180

TITLE MGR ☐ Change ☒ Addition
NAME JORGE BRAUER
STREET ADDRESS 2875 NE 191ST +300
CITY-ST-ZIP Aventura FL 33180

TITLE MGR ☒ Delete
NAME KARNER, MARIANO
STREET ADDRESS 2875 N.E. 191ST STREET, SUITE 300
CITY-ST-ZIP AVENTURA, FL 33180

TITLE MGR ☐ Change ☒ Addition
NAME RICARDO WEINSTEIN
STREET ADDRESS 2875 NE 191ST
CITY-ST-ZIP Aventura FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or the receiver or trustee empowered 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

Date

Daytime Phone #

04/10/07