


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90017 046 ****50.00

DOCUMENT # L06000061216 1. Entity Name BB-1545, LLC			
Principal Place of Business 1637 EAST LAKE DRIVE FORT LAUDERDALE, FL 33316 US		Mailing Address 1637 EAST LAKE DRIVE FORT LAUDERDALE, FL 33316 US	
2. Principal Place of Business - No P.O. Box # 1510 S.E. 17th street		3. Mailing Address 1510 S.E. 17th street	
Suite, Apt. #, etc. # 400A		Suite, Apt. #, etc. # 400A	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33316	Country USA	Zip 33316	Country USA
4. FEI Number NOT APPLICABLE		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BURGESS, SCOTT C 5525 NW 15TH AVENUE SUITE 200 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Kaye A. Pearson Street Address (P.O. Box Number is Not Acceptable) 1510 S.E. 17th street # 400A City Ft. Lauderdale FL Zip Code 33316	
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 <u><i>Kaye A. Pearson</i></u> Kaye A. Pearson 1-12-07 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEARSON HOLDINGS, LLC 1637 EAST LAKE DRIVE FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1510 S.E. 17 th street #400A Ft. Lauderdale, FL 33316	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Kaye A. Pearson</i></u> Kaye Pearson		1-12-07 954 325-0325	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	