2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000058675

Entity Name: BCC NORTH SQUARED LLC

Current Principal Place of Business:

501 BRICKELL KEY DRIVE, STE. 600

MIAMI. FL 33131

Current Mailing Address:

501 BRICKELL KEY DRIVE, STE. 600 MIAMI. FL 33131 US

FEI Number: 61-1752092 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEARSON, DALIA 501 BRICKELL KEY DRIVE, STE. 600 MIAMI, FL 33131 US

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.

SIGNATURE: DALIA PEARSON 04/13/2015

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title CEO Title PRESIDENT, ASST. SECRETARY

Name BRADLEY, GUY Name OWENS, STEPHEN

Address 501 BRICKELL KEY DRIVE, STE. 600 Address 501 BRICKELL KEY DRIVE, STE. 600

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title VP Title SECRETARY, TREASURER

Name GANDOLFO, CHRISTOPHER Name PEARSON, DALIA

Address 501 BRICKELL KEY DRIVE, STE. 600 Address 501 BRICKELL KEY DRIVE, STE. 600

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title ASST. SECRETARY Title VP

Name MCMAIN, BEVERLEY Name CHU, LINDA

Address 501 BRICKELL KEY DRIVE, STE. 600 Address 501 BRICKELL KEY DRIVE, STE. 600

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title VP Title VP

Name CORTABARRIA, GONZALO Name AGUILA, MAILE

Address 501 BRICKELL KEY DRIVE, STE. 600 Address 501 BRICKELL KEY DRIVE, STE. 600

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DALIA PEARSON

Electronic Signature of Signing Authorized Person(s) Detail

04/13/2015 Date

FILED Apr 13, 2015

Secretary of State

CC0557722135

Date

Authorized Person(s) Detail Continued:

Title VP

Name CHU, LINDA

Address 501 BRICKELL KEY DRIVE, STE. 600

City-State-Zip: MIAMI FL 33131

Title VP

Name AGUILA, MAILE

Address 501 BRICKELL KEY DRIVE, STE. 600

City-State-Zip: MIAMI FL 33131

Title VP

Name CORTABARRIA, GONZALO

Address 501 BRICKELL KEY DRIVE, STE. 600

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