

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000159099

**Entity Name:** BG7, LLC

**Current Principal Place of Business:**

C/O AFO, L.L.C.  
TWO ALHAMBRA PLAZA SUITE 1040  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O AFO, L.L.C.  
TWO ALHAMBRA PLAZA SUITE 1040  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-1723664

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name J AND R MANAGERS, LLC  
Address TWO ALHAMBRA PLAZA SUITE 1040  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name KOHAN, RICHARD L  
Address C/O AFO, L.L.C.  
TWO ALHAMBRA PLAZA SUITE 1040  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name O'NEIL, JOHN  
Address C/O AFO, L.L.C.  
TWO ALHAMBRA PLAZA SUITE 1040  
City-State-Zip: CORAL GABLES FL 33134

Title VP, TREASURER, ASST. SECRETARY  
Name CASTILLO, NORMA  
Address C/O AFO, L.L.C.  
TWO ALHAMBRA PLAZA SUITE 1040  
City-State-Zip: CORAL GABLES FL 33134

Title VP, SECRETARY, ASST. TREASURER  
Name SOMMA, DORA  
Address C/O AFO, L.L.C.  
TWO ALHAMBRA PLAZA SUITE 1040  
City-State-Zip: CORAL GABLES FL 33134

*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:** RICHARD L. KOHAN

VP

01/26/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date