MAR-27-2007 13:37 FROM:NATIONAL MEATS 7940705

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Secretary of State
03-30-2007 90038 050 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000105589

1. Entity Name
BC TOWER 7, LLC

Principal Place of Business
C/O AKERMAN SENTERFITT
ONE S.E. THIRD AVE., 28TH FLOOR
MIAMI, FL 33131

Mailing Address
C/O AKERMAN SENTERFITT
ONE S.E. THIRD AVE., 28TH FLOOR
MIAMI, FL 33131

60030701

01092007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1 NATIONAL WAY	P.O. BOX 618
Suite, Apt. #, etc.: LYDFORD, OCHO RIOS	Suite, Apt. #, etc.: LYDFORD, OCHO RIOS
City & State: ST. ANN	City & State: ST. ANN
Zip: — Country: JAMAICA	Zip: — Country: JAMAICA

4. FEI Number
20-3743388 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
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 ________________________________ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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	MGR PHILLIPS, DAVID ONE S.E. THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X [signature] 2/20/07 (876) 794-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #