

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062963

FILED
Mar 08, 2007
Secretary of State

Entity Name: BH LAFOX USA, L.L.C.

Current Principal Place of Business:

955 FALLING WATER ROAD
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

955 FALLING WATER ROAD
WESTON, FL 33326

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KACHLER, ARIE
955 FALLING WATER ROAD
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KACHLER, ARIE
Address: 955 FALLING WATER ROAD
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: BEER, ENRIQUE
Address: PT. PAITILLA EDF. MIRAGE, VIA ITALIA, P 2
City-St-Zip: PANAMA, REP. OF PANAMA, XX

Title: MGRM () Delete
Name: KORENFELD, ABRAHAM
Address: FUENTE DE ACUEDUCTO 3 CASA 4, COL TECAMACH.
City-St-Zip: NAUCALPAN, EDO DE MEX, MEXICO, XX

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ARIE KACHLER

MGMR

03/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date