2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062963

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

Current Principal Place of Business:

FILED Mar 08, 2007 Secretary of State

() Change () Addition

955 FALLING WATER ROAD WESTON, FL 33326 **Current Mailing Address: New Mailing Address:** 955 FALLING WATER ROAD WESTON, FL 33326 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KACHLER, ARIE 955 FALLING WATER ROAD WESTON, FL 33326 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.

New Principal Place of Business:

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: Name: KACHLER, ARIE Name:

Address: 955 FALLING WATER ROAD Address:
City-St-Zip: WESTON, FL 33326 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name:BEER, ENRIQÚEName:Address:PT. PAITILLA EDF. MIRAGE, VIA ITALIA, P 2Address:City-St-Zip:PANAMA, REP. OF PANAMA, XXCity-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 KORENFELD, ABRAHAM
 Name:

 Address:
 FUENTE DE ACUEDUCTO 3 CASA 4,COL TECAMACH.
 Address:

 City-St-Zip:
 NAUCALPAN,EDO DE MEX, MEXICO, XX
 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