2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90189 001 ***250.00

DOCUMENT # M04000002393

1. Entity Name
TOWER/BHV ARBOUR WALK LLC

Principal Place of Business	Mailing Address
ONE CALIFORNIA STREET, SUITE 1400 SAN FRANCISCO, CA 94111-5415	ONE CALIFORNIA STREET, SUITE 1400 SAN FRANCISCO, CA 94111-5415

03092005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
50 California Street		50 California Street	
Suite, Apt. #, etc.: Suite 200		Suite, Apt. #, etc.: Suite 200	
City & State: San Francisco, CA		City & State: San Francisco, CA	
Zip: 94111	Country:	Zip: 94111	Country:

4. FEI Number: 20-1255560 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TOWER/BHE AW INVESTOR LLC ONE CALIFORNIA STREET, SUITE 1400 SAN FRANCISCO, CA 941115415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	50 California St., Ste. 200 San Francisco, CA 94111	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Ph: 415/678-2000

SIGNATURE: [signature] Herman H. Howerton, Secretary of Manager 3/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #