2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT** 

|   | ANNUAL  | REPORT   |                        |  | 1.0 9           | 1                   |  |  |
|---|---|--|------------------------|--|-----------------|---------------------|--|--|
| DOCUMENT # M0400002393  1. Enity Name ARBOUR WALK DEVELOPERS, LLC   |   |  |                        |  | n'              | <b>K</b> _          | OTHE SECTION                           | THE THE PERSON NAMED IN COLUMN TO PERSON NAM |
| Principal Place of Business 50 CALIFORNIA STREET, STE. 200 SAN FRANCISCO, CA 94111  |   | Mailing Address 50 CALIFORNIA STREET, STE. 200 SAN FRANCISCO, CA 94111 |                        |  | (1 <b>891)</b>  |                     | 9.0                                    |  |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Andress   |                        |  |                 |                     |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |                        | 04302007   | Chg-LLC         | CR2E083 (12/0       | 06)                                    |  |
| City & State  |   | City & State   |                        | 4. FEI Numb  |                 |                     | Applied For<br>Not Applicable          |  |
| Zip   | Country   | Zip  | Coun                   | try  | 5. Certificate  | e of Status Desired | □ \$5.00<br>Fee Req                    | Additional uired   |
|   | 6. Name and Address of Current                              | Registered Agent   |                        |  | 7. Name and     | d Address of New F  | Registered Agent                       |  |
| CORPORA   | ATION SERVICE COMPANY                                       |  |                        | Name   |                 |                     |  |  |
| 1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525  |   |  |                        | Street Address (P.O. Box Number is Not Acceptable)   |                 |                     |  |  |
|   |   |  | City                   |  |                 |                     | El Zip C                               | Code   |
| City  City  Lip 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. It am familiar with, a the obligations of registered agent.   |   |  |                        |  |                 |                     | ith, and accept                        |  |
| SIGNATURE   | Signature, typed ox printed name of registered agent.       | and the diagonicative (BIOTE   | F: Begistered          | I Agent signatore required   | wten renstation |                     | DATE                                   |  |
| }- <del></del>  |   |  |                        |  |                 |                     |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007   |   |  |                        | DE STATE OF THE ST |                 |                     | e check payable t<br>a Department of S |  |
| 9.  | MANAGING MEMBE  | RS/MANAGERS  | 10.                    |  | <u></u>         | ADDITIONS,          | /CHANGES                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>TOWER/BHE AW INVESTOR LL<br>50 CALIFORNIA ST STE 200 | ☐ Delete<br>C  |                        | 1  |                 |                     | Chan                                   | ge 🔲 Addition  |
| TITLE   | SAN FRANCISCO, CA 94111                                     | ☐ Delete   | THILE                  |  | ····            |                     |  | xe □ Addition  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  | NAME<br>STREE          |  |                 |                     | Cliesk                                 | e E Adolius  |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP   |   | Delete   |                        |  |                 | 000100              | □ Chang<br><b>)582</b> 53              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete   |                        | j.   | -               |                     | Cnang                                  | ge 🔲 Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delicite   |                        | l l  |                 |                     | ☐ Chang                                | e 🔲 Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-2IP   | 1111  | ☐ Delete   | TITLE<br>NAME<br>STREE |  |                 |                     | ☐ Chang                                | le 🔲 Addition  |
| 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 if 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dair Cayling Provis.   |   |  |                        |  |                 |                     |  |  |

M040W002393

Signature Page to State of Florida 2007 Limited Liability Company Annual Report for Arbour Walk Developers, LLC

BK

Arbour Walk Developers, LLC a Delaware limited liability company

By: Tower/BHE AW Investor LLC, a Delaware limited liability company

By BH Arbour Walk Naples, L.L.C., an lowa limited liability company, its Managing Member

By: BH Equities, L.L.C., a lowa limited liability company, its Member

By:

William A. Fineili, Chief Financial Officer and Treasurer

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AUTHORIZATION

ORDER DATE: May 1, 2007

ORDER TIME : 1:11 PM

BK

ORDER NO. : 876536-065

CUSTOMER NO: 7560107

## ANNUAL REPORT FILING

BK

NAME: ARBOUR WALK DEVELOPERS LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: