2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# M07000005419

Entity Name: BOYNTON COMMERCE CENTER, LLC

Current Principal Place of Business:

801 GRAND AVENUE
DES MOINES, IA 50392

New Principal Place of Business:

Current Mailing Address:

801 GRAND AVENUE
ATTN: BOB ROEPSCH
DES MOINES, IA 50392

New Mailing Address:

FEI Number: 42-0127290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	PRINCIPAL LIFE INSUR, ANCE COMPANY	
Address:	801 GRAND AVENUE	
City-St-Zip:	DES MOINES, IA 50392	
Title:	MGR	( ) Delete
Name:	LUTCAVISH, DONNA	
Address:	801 GRAND AVE	
City-St-Zip:	DES MOINES, IA 50392 US	
Title:	MGR	( ) Delete
Name:	LANZ, SANDY	
Address:	801 GRAND AVE	
City-St-Zip:	DES MOINES, IA 50392 US	
Title:	MGR	( ) Delete
Name:	WADLE, BRENDA	
Address:	801 GRAND AVE	
City-St-Zip:	DES MOINES, IA 50392 US	
Title:	MGR	( ) Delete
Name:	JACAVINO, RICHARD	
Address:	801 GRAND AVE	
City-St-Zip:	DES MOINES, IA 50392 US	
Title:	MGR	( ) Delete
Name:	STUBBS, KEVIN	
Address:	801 GRAND AVE	
City-St-Zip:	DES MOINES, IA 50392 US	

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:	
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 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: ROBERT ROEPSCH ADM 02/18/2009

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