

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1300000078

**Entity Name:** BHH AFFILIATES, LLC

**Current Principal Place of Business:**

18500 VON KARMAN AVENUE  
SUITE 400  
IRVINE, CA 92612

**FILED**  
**Apr 13, 2018**  
**Secretary of State**  
**CC6533631825**

**Current Mailing Address:**

ATTN: LEGAL DEPARTMENT  
333 SOUTH 7TH STREET 27TH FLOOR  
MINNEAPOLIS, MN 55402 US

**FEI Number: 80-0906383**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title            MGRM  
Name            HSF AFFILIATES LLC  
Address        18500 VON KARMAN AVENUE  
                  SUITE 400  
City-State-Zip: IRVINE CA 92612

Title            SECRETARY  
Name            BROWNE, MICHAEL T.  
Address        333 SOUTH SEVENTH STREET  
                  2700  
City-State-Zip: MINNEAPOLIS MN 55402

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL T. BROWNE**

**SECRETARY**

**04/13/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date