

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : BILZIN, SUMBERG DUNN BAENA PRICE & AXELROD LLP.
Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (305)350-2446

LIMITED LIABILITY COMPANY

BH HIDDEN HARBOUR, L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	07/2
Estimated Charge	\$160.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit No.:H02-12620

ARTICLES OF ORGANIZATION
OF
BH HIDDEN HARBOUR, L.L.C.

1. The name of the limited liability company is BH HIDDEN HARBOUR, L.L.C.
2. The mailing address and the street address of the principal office of the limited liability company are 400 Locust Street, Suite 690, Des Moines, Iowa 50309-2331.
3. The name and street address of the initial registered agent of the limited liability company are C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.
4. The limited liability company shall be managed by a managing member.

IN WITNESS WHEREOF, these Articles of Organization have been executed by the undersigned authorized representative of the managing member of the limited liability company effective as of the 11th day of January, 2002.

//s// Kendall Sparkman
Kendall Sparkman,
Authorized Representative

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: BH Hidden Harbour, L.L.C.

2. The name and address of the registered agent and office is:

C T CORPORATION SYSTEM
(Name)

c/o C T CORPORATION, 1200 South Pine Island Road,
(P.O. Box and acceptable)

Plantation, Florida 33324
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T CORPORATION SYSTEM


(Signature)

**VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY**

January 11, 2002

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

28