

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032714

FILED
Feb 12, 2007
Secretary of State

Entity Name: BH CONDOMINIUM SERVICES, L.L.C.

Current Principal Place of Business:

1900 55TH AVENUE SOUTH
ST. PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

400 LOCUST STREET, SUITE 790
DES MOINES, IA 50309 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKINNER, DAVID
8800 NW 78TH COURT
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

SMITH, JOHN
1900 55TH AVENUE
ST PETERSBURG, FL 33712 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: JOHN SMITH

02/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOOKEY, HARRY
Address: 400 LOCUST STREET, SUITE 790
City-St-Zip: DES MOINES, IA 50309 US

Title: VP () Delete
Name: ROBY, NICHOLAS H
Address: 400 LOCUST STREET, SUITE 790
City-St-Zip: DES MOINES, IA 50309 US

Title: VP (X) Delete
Name: NINER, ROSEMARY
Address: 4524 GUN CLUB ROAD
City-St-Zip: WEST PALM BEACH, FL 33415 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: NICHOLAS H, ROBY

V.P.

02/12/2007

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