2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000001421 1. Entity Name

BH/CIA VERANDAH, L.L.C.

FILED Jul 16, 2002 8:00 am Secretary of State 07-16-2002 90370 028 ****50.00

C T CORPO 1200 SOUT 200 SOUT 2	Country Name and Address of Current DRATION SYSTEM TH PINE ISLAND ROAD	400 LOCUST STREET. STDES MOINES IA 50309 3. Mailling Address Suite, Apt. #, etc. City & State Zip Registered Agent — —	Coun	·	DO NOT WE 4. FEI Number 42-150262 5. Certificate of Status Desired	ITE IN TH	S SPACE	Applied For
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SIGNATURE Signature, DES NOCHES IN EXCITA AND FORMES SHEET S 9. TITLE MGRM NAME BCV N	•	1200 SOUTH PINE ISLAND ROAD 5 PLANTATION FL 33324			ess (P.O. Box Number is Not Acceptabl	e)		
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9. TITLE MGRM	typed or printed name of registered agent a	nd title if applicable. (NO			tuired when reinstating)	DATE		
TITLE MGRM NAME BCV N	⁵⁵ ₹ 9a)	Make Check P	ayable to	EE IS \$50.0 Departmen nber 25, 200	it of State			
NAME BCV M	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS	CHANCE		
STREET ADDRESS		☐ Delete	TITLE		ADDITIONS	CHANGE	☐ Change	☐ Addition
OUT OF TO	MANAGEMENT, L.L.C. DCUST STREET, STE. 690 MOINES IA 50309		NAME STREE CITY-S	T ADDRESS			change	Addition
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itle IAME Street Address Stry-St-Zip		□ Delete	TITLE NAME STREET	ADDRESS F-ZIP			Change	☐ Addition
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indicated on this report is true and accurate and that my 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE