

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 MAY - 1 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000002054					
1. Entity Name TOWER/BHV CYPRESS LAKES LLC					
Principal Place of Business 50 CALIFORNIA STREET SUITE 200 SAN FRANCISCO, CA 94111			Mailing Address 50 CALIFORNIA STREET SUITE 200 SAN FRANCISCO, CA 94111		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04302007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-1163957				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM TOWER/BHE CL INVESTOR LLC 50 CALIFORNIA STREET SAN FRANCISCO, CA 94111		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BLACKROCK REALTY ADISORS, INC. 50 CALIFORNIA STREET STE 200 SAN FRANCISCO, CA 94111		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	300100582823		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	300100582823		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	300100582823		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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: SEE ATTACHMENT					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

104000002054

Signature Page
to
State of Florida
2007 Limited Liability Company
Annual Report
for
Tower/BHV Cypress Lakes LLC

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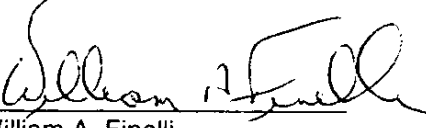
Tower/BHV Cypress Lakes LLC,
a Delaware limited liability company

BK

By: Tower/BHE CL Investor LLC,
a Delaware limited liability company,
its Managing Member

By: BHE Boca Raton, L.L.C.,
an Iowa limited liability company,
its Managing Member

By: BH Equities, L.L.C.,
a Iowa limited liability company,
its Member

By: 
William A. Finelli,
Chief Financial Officer and
Treasurer

BK



CORPORATION SERVICE COMPANY

MOYU0002054

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032
REFERENCE : 876536 7560107
AUTHORIZATION : *Sara Lea*
COST LIMIT : \$ 50.00

ORDER DATE : May 1, 2007
ORDER TIME : 1:11 PM
ORDER NO. : 876536-060
CUSTOMER NO: 7560107

BK

ANNUAL REPORT FILING

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NAME: TOWER BHV CYPRESS LAKES LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 MAY -1 PM 3:12
TO ACKNOWLEDGE
SUFFICIENCY OF FILING