
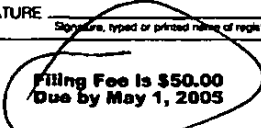
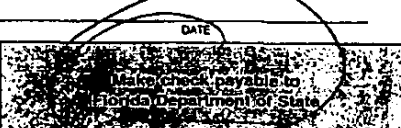



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

DOCUMENT # M04000005534		
1. Entity Name BH/IGF HIDDEN HARBOUR APARTMENTS LLC		
Principal Place of Business ONE CALIFORNIA STREET, SUITE 1400 SAN FRANCISCO, CA 94111		Mailing Address ONE CALIFORNIA STREET, SUITE 1400 SAN FRANCISCO, CA 94111
2. Principal Place of Business 50 California Street Suite, Apt. #, etc. Suite 200 City & State San Francisco, CA Zip 94111 Country		3. Mailing Address 50 California Street Suite, Apt. #, etc. Suite 200 City & State San Francisco, CA Zip 94111 Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
4. FEI Number 20-1996013 <input checked="" type="checkbox"/> Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
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 
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIDDEN HARBOUR INVESTOR LLC <input type="checkbox"/> Delete ONE CALIFORNIA STREET, SUITE 1400 SAN FRANCISCO, CA 94111	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SSR REALTY ADVISORS, INC. <input type="checkbox"/> Delete ONE CALIFORNIA STREET, SUITE 1400 SAN FRANCISCO, CA 94111	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Herman H. Howerton, Managing Director of Mgrm.		Date 3/10/05, 415/678-2000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>

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