


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 MAY - 1 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|---|
| DOCUMENT # M04000005534 |  |
| 1. Entity Name BH/IGF HIDDEN HARBOUR APARTMENTS 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 |
|-----|---------|-----|---------|

DK

04302007 Chg-LLC CR2E083 (12/06)

| | |
|--|--|
| 4. FEI Number 20-1996013 | 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 _____ (Signature, typed or printed name of registered agent and, if applicable, (INDIC. Registration agent signature required when rechartering) DATE _____

| | | |
|---|-----------|--|
| 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 | MGRM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HIDDEN HARBOUR INVESTOR LLC | | | NAME | | | |
| STREET ADDRESS | 50 CALIFORNIA ST., SUITE 200 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SAN FRANCISCO, CA 94111 | | | CITY-ST-ZIP | | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BLACKROCK REALTY ADVISORS, INC. | | | NAME | | | |
| STREET ADDRESS | 50 CALIFORNIA ST., SUITE 200 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SAN FRANCISCO, CA 94111 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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 ATTACHED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

M04000005534

FILED
MAY - 1 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature Page
to
State of Florida
2007 Limited Liability Company
Annual Report
for
BH/IGF Hidden Harbour Apartments LLC

BH/IGF Hidden Harbour Apartments LLC,
a Delaware limited liability company

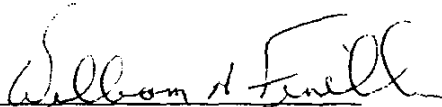
By: Hidden Harbour Investor LLC,
a Delaware limited liability company,
its Managing Member

By: IGF Hidden Harbour LLC,
a Delaware limited liability company,
its Member

By: BlackRock Diamond Property Fund, L.P.,
a Delaware limited partnership,
its Sole Member

By: BlackRock Diamond Property Fund, LLC,
a Delaware limited liability company,
its General Partner

By: BlackRock Diamond Property Fund, Inc.
a Maryland corporation,
its Member

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

BK

BK



CORPORATION SERVICE COMPANY

104600005534

ACCOUNT NO. : 072100000032

REFERENCE : 876536 7560107

AUTHORIZATION :

Sarah Lea

COST LIMIT : \$ 50.00

FILED
07 MAY - 1 AM 9:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : May 1, 2007

ORDER TIME : 1:12 PM

ORDER NO. : 876536-075

CUSTOMER NO: 7560107

ANNUAL REPORT FILING

BK

NAME: BH/IGF HIDDEN HARBOUR APTS.
LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

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

CONTACT PERSON: Sara Lea - Ext. 2914

BK

EXAMINER'S INITIALS: _____