


# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR -7 AM 9:29

DOCUMENT # M05000000253					
1. Entity Name COUNTRY PLACE INVESTOR LLC					
Principal Place of Business 400 LOCUST STREET, SUITE 790 DES MOINES, IA 50309			Mailing Address 400 LOCUST STREET, SUITE 790 DES MOINES, IA 50309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2121132	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 John Smith Street Address (P.O. Box Number is Not Acceptable) 1900 55th Avenue South City St. Petersburg 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 John Smith, Registered Agent				March 21, 2006	
Amended AR is \$50.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BH COUNTRY PLACE, L.L.C. 400 LOCUST STREET, SUITE 790 DES MOINES, IA 50309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Nicholas H. Roby 400 Locust Street, Suite 790 Des Moines, IA 50309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000070435810 04/14/06--01022--006 **50.00	
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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: Nicholas H. Roby				March 21, 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date (515) 244-2622	