2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 07, 2008
Secretary of State

DOCUMENT# M07000005419

Entity Name: BOYNTON COMMERCE CENTER, LLC

Current Principal Place of Business:

801 GRAND AVENUE
DES MOINES, IA 50392

New Principal Place of Business:

Current Mailing Address:

801 GRAND AVENUE
ATTN: BOB ROEPSCH
DES MOINES, IA 50392

New Mailing Address:

FEI Number: 42-0127290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PRINCIPAL LIFE INSUR, ANCE COMPANY
Address: 801 GRAND AVENUE
City-St-Zip: DES MOINES, IA 50392

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: LUTCAVISH, DONNA
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR ( ) Change (X) Addition
Name: LANZ, SANDY
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR ( ) Change (X) Addition
Name: WADLE, BRENDA
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR ( ) Change (X) Addition
Name: JACAVINO, RICHARD
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR ( ) Change (X) Addition
Name: STUBBS, KEVIN
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT ROEPSCH ADM 03/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date