

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005419

FILED
Feb 18, 2009
Secretary of State

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

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

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

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

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

ADDITIONS/CHANGES:

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

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

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

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

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

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

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

02/18/2009

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