

2nd and
FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUL 30 PM 3:37

FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # M97000000216
B.H. LEHIGH, L.L.C. 400 LOCUST STREET, SUITE 690 DES MOINES IA 50309	

1a. Principal Place of Business Address
400 LOCUST STREET, SUITE 690 DES MOINES IA 50309

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/22/1997	IA
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	39-1890022	
		5. Date of Last Report	6. Certificate of Status Desired
			\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
BOOKEY, HARRY 1001 SHOREVIEW DRIVE ORLANDO FL 32807	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(If Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BOOKEY, HARRY	400 LOCUST STREET, SUITE 6	DES MOINES IA

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***188.75 ***188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address

SIGNATURE:  Harry Bookey 7-21-98 515/244-2622

QUITTLES, INC.

400 LOCUST STREET, SUITE 690
DES MOINES, IA 50309-2331

TEL 515 244-2622
FAX 515 244-2742

AUDREY PIERCE
PROJECT MANAGER

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July 21, 1998

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

**Re: B.H. Lehigh, L.L.C.
1998 Annual Report**

Dear Sir or Madam:

Please find enclosed the completed 1998 Annual Report for the above-referenced limited liability company, along with the required filing fee of \$188.75.

Please note that we did not receive the first notice. I called your office and was advised the late fee would be waived with this written notification that the initial report was never received in this office.

Going forward, feel free to direct reports to my attention so they may be received and processed in a timely manner. Should you have any questions regarding the above, please do not hesitate to contact me.

Sincerely,



Audrey Pierce
Project Manager

Enclosures