


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # M97000000216</b> 1. Entity Name <b>B.H. LEHIGH, L.L.C.</b>					
Principal Place of Business <b>400 LOCUST STREET, SUITE 790 DES MOINES, IA 50309</b>			Mailing Address <b>400 LOCUST STREET, SUITE 790 DES MOINES, IA 50309</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip			
4. FEI Number <b>39-1890022</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BOOKEY, HARRY 1001 SHOREVIEW DRIVE ORLANDO, FL 32807</b>			7. Name and Address of New Registered Agent Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b>		
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 <u>Connie Bayen Special Agent Secretary</u> DATE <u>11/5/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2005, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>BOOKEY, HARRY</b> <b>400 LOCUST STREET, SUITE 790</b> <b>DES MOINES, IA 50309</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I 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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			11/2/04		515/274-1450 <small>Daytime Phone #</small>

**FILED**  
 04 NOV -5 AM 10:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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REINSTATEMENT 2004

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