

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV -9 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership BVT & ASSOCIATES, LTD.		1a. DOCUMENT # A98000002038	
Mailing Address 3350 RIVERWOOD PARKWAY SUITE 1500 ATLANTA, GA 30339		Principal Office Address 3350 RIVERWOOD PARKWAY SUITE 1500 ATLANTA, GA 30339	
2. Mailing Address SAME AS ABOVE		2a. Principal Office Address SAME AS ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 09/01/98		5a. Capital Contributions as Shown on record. \$99.00	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date: \$ 0	
4. State or Country of Formation GA		6. FEI Number 58-2415314	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM. 1201 PEACHTREE STREET NORTH EAST ATLANTA, GA 30361		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL Zip Code	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) BVT DEVELOPMENT CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3350 RIVERWOOD PARKWAY SUITE 1500	11b. City, State & Zip Code ATLANTA, GA 30339	11c. Registration/Document Number F98000004283
000002684820-0 -11/10/98-01084-009 ****141.25 ****141.25			
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Melanie Bonting DATE 10-28-98
Typed or Printed Name of General Partner Signing Form MELANIE BONTING Daytime Telephone Number (770) 618-3500

CR2E003 (8/98)