

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 APR -4 AM 11:18

<b>DOCUMENT # B03000000393</b>						<b>SECRETARY OF STATE DIVISION OF CORPORATIONS</b> <b>05 APR -4 AM 11:18</b>	
1. Entity Name <b>BVWB, LP</b>							
Principal Place of Business <b>8117 PRESTON RD., STE. 220 DALLAS, TX 75225</b>				Mailing Address <b>8117 PRESTON RD., STE. 220 DALLAS, TX 75225</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> Zip Code			
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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable							
9. Capital Contributions as Shown on record. <b>\$1,000.00</b>				10. Amount of Capital Contributions in FLORIDA to date.			
				<b>Tax Due \$141.25</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>							
<b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
<b>M03000003858 BVWB GP, LLC 8117 PRESTON RD., STE. 220 DALLAS, TX 75225</b>							
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
				<b>200050424192 04/11/05--01079--010 **141.25</b>			
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: <b>True Beer</b>				<b>3-17-05</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #			