

2002 UNIFORM BUSINESS (BR)

0005395 AT

DOCUMENT # B960000003

1. Entity Name - B96000000326
BVT CAPITAL PARTNERS III, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL -3 AM 9:13

Principal Place of Business
3350 RIVERWOOD PARKWAY
SUITE 1500
ATLANTA GA 30339

Mailing Address
3350 RIVERWOOD PARKWAY
SUITE 1500
ATLANTA GA 30339



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number 62-1653843 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,175,000.00 10. Amount of Capital Contributions in FLORIDA to date. 0. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F01000005602
NAME BVT REAL ESTATE DEVELOPMENT, INC.
STREET ADDRESS 3350 RIVERWOOD PARKWAY, SUITE 1500
CITY-ST-ZIP ATLANTA GA 30339

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: Michael W. Brantley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3.6.02 770-618-3502

Date Daytime Phone #

CR2E003 (9/01)