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**

1. Name of Limited Partnership

DOCUMENT# B98000000481

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SECRETARY OF STATE TALLAHASSEE FLORIBA



BYT CAFFIAL PARTNERS XI, LIMITED PARTNERSHIP						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
%BVT DEVELOPMENT CORPORATION	CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19801		07/27/1998 3a. Date of Last Report	\$7,000,000.00 5b. Amount of Capital Contributions in FLORIDA		
3350 CUMBERLAND CIRCLE. SUITE 1500 ATLANTA GA 30339			N/A.			
			4. State or Country of Formation	Cont to da	ributions in FLORIDA te:	
2. Mailing Address 3350 RIVERWOOD PARKWAY	2a. Principal Office Address 3350 (INERWOOD)	PAKKWAY	DE			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	6. FEI Number		
SUITE (500 City & State	SVITE 1500 City & State		<u> </u>			
ATLANTA, GA	ATLANTA, GA		7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Country 30339 USA	^{Zip} 30339			8. Make check payable to: Dept. of State (See reverse side for fee information)		
		_ r	40			
9. Name and Address of Current Registered Agent		Name	10. If changed, new Registered Agent/Office			
Name Name						
		Street Address (Address (P.O. Box Number Is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD		Suite, Apt. #, etc	to Ant that			
PLANTATION FL 33324		buile, Apt. #, ell	, #, etc.			
	City FL Zip Code					
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of	istered agent, or both, in the State of Flor		as authorized by its general partner(s), I hereby			
SIGNATURE (Registered Agent Accepting Appointment)	0 4 000000 ATION	LIMBER	DATEDATE_	2 51101	NEOO ENTITY	
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)	Address of Each Gener	al Partner lox Numbers) 1	1b. City, State & Zip Code	11c.	Registration/ Document Number	
BVT DEVELOPMENT CORPORATION	3350 GUMBERLAND CIRCL		ATLANTA GA 30339	F98000004283		
	3350 RIVERWOOD PAI	RKWAY				
	Suite 1500		-11/03/	F9800004283 578998—4 /9801032020		
			****52	75	****\$528 .7 5	

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.

Typed or Printed Name of General Partner Signing Form

BUNTING

10.2098

(770) 618-3500