## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

| DOCUMENT # B9900000131  1. Entity Name  |   |                                    |             |  |   |
|---|---|------------------------------------|-------------|--|---|
| BVT CAPITAL PARTNERS XVI, LIMITED PARTNERSHIP   |   |                                    |             | SECRETARY OF STATE DIVISION OF CORPORATIONS        |   |
| Principal Place of Business Mailing Address   |   |                                    |             |  | 00 MAR 20 AM 10: 48   |
|   | OOD PARKWAY, SUITE 1500                         | 3350 RIVERWOOD PARKWAY. SUITE 1500 |             | TE 1500  | 0.01.00   |
| ATLANTA GA 30339 ATLANTA GA 30339   |   |                                    | 3359        |  | 3/27/00   |
| Principal Place of Business     Mailing Address   |   |                                    |             | <del>-</del>                                       |   |
|   |   | Color And the state                |             |  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                |             |  | DO NOT WRITE IN THIS SPACE  |
| City & State  |   | City & State                       |             | -  | 4. FEL Number 2429004 Applied For Not Applicable                  |
| Zip   | Country   | Zip                                | Cour        | ntry   | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |
| · · · · · · · · · · · · · · · · · · ·   | 6. Name and Address of Current                  | Registered Agent                   | i           |  | 7. Name and Address of New Registered Agent                       |
| C T COR   | PORATION SYSTEM                                 |                                    | <del></del> | Name   |   |
| 1200 SOUTH PINE ISLAND ROAD   |   |                                    |             | Street Address (P.O. Box Number is Not Acceptable) |   |
| PLANTATION FL 33324   |   |                                    |             |  |   |
|   |   |                                    |             | 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   |   |                                    |             |  |   |
| 44 MANE CUEFON DAVABLE TO DEDT OF STATE   |   |                                    |             |  |   |
| as Shown on record. 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  DOCUMENT / F98000004283  |   |                                    | 13.         |  | ADDRESS CHANGES ONLY  |
| NAME  | F98000004283 BYT DEVELOPMENT CORPORATION        |                                    | STR         | EET ADDRESS  |   |
| STREET ADDRESS<br>CITY-ST-ZIP   | 3350 RIVERWOOD PARKWAY, S<br>  ATLANTA GA 30339 | UITE 1500                          | СПУ         | '-ST-ZIP   |   |
| DOCUMENT#   |   |                                    | STR         | EET ADDRESS  |   |
| STREET ADDRESS  |   |                                    | CITY        | -ST-ZIP  |   |
| CITY-ST-ZIP<br>DOCUMENT#  |   |                                    |             |  | 6000001000FC F  |
| NAME -  |   |                                    | STR         | EET ADDRESS  | 6000031889565<br>-03/29/0001075006                                |
| STREET ADDRESS :  |   |                                    | СПУ         | - ST-ZIP   | *****526.25 <u>*****526.25</u>                                    |
| DOCUMENT#<br>NAME   |   |                                    | STR         | EET ADDRESS  |   |
| STREET ADDRESS<br>CITY - ST - ZIP   |   |                                    | CITY        | ·ST-ZIP  |   |
| DOCUMENT #  |   |                                    | STR         | EET ADDRESS  |   |
| STREET ADDRESS  |   |                                    | СПУ         | '-ST-ZIP   |   |
| DOCUMENT#   |   |                                    | стех        | EET ADDRESS  |   |
| NAME<br>STREET ADDRESS  |   |                                    |             |  |   |
| N¢TTY-ST-ZIP  |   |                                    |             | -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 |   |                                    |             |  |   |
| Necesia 18/200 39.00 70.612350L   |   |                                    |             |  |   |