



**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90022 038 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F05000003669</b> 1. Entity Name <b>GLL BVK GENERAL PARTNER, INC.</b>					
Principal Place of Business <b>C/O SCHONBRAUN MCCANN          101 EISENHOWER PARKWAY          ROSELAND, NJ 07068</b>		Mailing Address <b>C/O SCHONBRAUN MCCANN          101 EISENHOWER PARKWAY          ROSELAND, NJ 07068</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03042008    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>20:3035944</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION, FL 33324</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(Print) Registered Agent's signature required when re-registering		DATE _____	
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORG, DIETMAR NYMPHENBURGER STRASSE 136 80636 MUENCHEN GERMANY.	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GEORG, DIETMAR 200 SOUTH ORANGE AVE, STE 1920 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCGOWAN, BARRY NYMPHENBURGER STRASSE 136 80636 MUENCHEN GERMANY.	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUMMINGS, J. GREER 1600 DIVISION ST., SUITE 700 NASHVILLE, TN 37203	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST CUNNINGHAM, JAMES 1981 NORTH BROADWAY, STE 330 WALNUT CREEK, CA 94598	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIME, ED 2659 MAJESTIC CIRCLE DACULA, GA 30019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIME, EDWARD 200 SOUTH ORANGE AVE, STE 1920 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>3-21-2008</b> (407) 233-1900 <small>Date    Daytona Phone #</small>	

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