2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004283

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip:

Entity Name: BVT DEVELOPMENT CORPORATION

() Delete

3350 RIVERWOOD PKWY STE 1500

(X) Delete

3350 RIVERWOOD PKWY, STE 1500

GARNER, BRAD

TREA

ATLANTA, GA 30339

WEAVER, MICHAEL S

ATLANTA, GA 30339

FILED Jul 10, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3350 RIVERWOOD PKWY STE 1500 ATLANTA, GA 30339				400 INTERSTATE NORTH PARKWAY SUITE 700 ATLANTA, GA 30339		
Current Mailing Address:				New Mailing Address:		
3350 RIVERWOOD PKWY STE 1500 ATLANTA, GA 30339				400 INTERSTATE NORTH PARKWAY SUITE 700 ATLANTA, GA 30339		
FEI Number: 58-2406847		FEI Number Applied For ()	FEI Nun	FEI Number Not Applicable()		Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
515 E. PAF TALLAHAS The above in the State	RK AVE. SSEE, FL 3230 named entity soof Florida.		ne purpose o	f changing it	s registered	office or registered agent, or both,
SIGNATURE: Electronic Signature of Registered Agent				 Date		
Election Can	ce with s. 607.19	3(2)(b), F.S., the corporation dia g Trust Fund Contribution ().	_	·		S TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	DUERR, CHRIS 3350 RIVERWO ATLANTA, GA	OOD PKWY STE 1500 30339		Title: Name: Address: City-St-Zip:	DUERR, CHR 400 INTERST ATLANTA, GA	ATE NORTH PARKWAY SUITE 700 30339
Title: Name: Address: City-St-Zip:	SAUER, MICHA	OOD PKWY STE 1500		Title: Name: Address: City-St-Zip:	SAUER, MICH	ATE NORTH PARKWAY SUITE 700

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

TREA

WEAVER, MICHAEL S

ATLANTA, GA 30339

(X) Change () Addition

400 INTERSTATE NORTH PARKWAY SUITE 700

() Change () Addition

SIGNATURE: M. SCOTT WEAVER CFO 07/10/2008