2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M01000000656

1. Entity Name BP TOWNHOMES, L.L.C.



Principal Place of Business

3190 N.E. EXPRESSWAY STE 400 ATLANTA, GA 30341

Mailing Address

3190 N.E. EXPRESSWAY STE 400 ATLANTA, GA 30341

FILED Feb 09, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 	Applied For
58-2602165		 Not Applicable
5. Certificate of Status Desired	\$5.0	Additional

· Burney Commencer State of the second

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if englicable

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

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of ch the obligations of registered agent.	nanging its registered office or registered age	ent, or both, in the State of Florida.	I am familiar with, and accept
NONETHER.			

Filing Fee is \$50.00 Due by May 1, 2007

J.	MANAGING WEMBERS/IMA	INAGENS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERMAN, DAVID 3190 NE EXPRESSWAY STE 400 ATLANTA, GA 30341	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TRAVIS, ALAN J 3190 N.E EXPRESSWAY STE 400 ATLANTA, GA 30341	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ar de la companya de

U00000629679

DO NOT WRI IN THIS SPA

I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119. 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 managing member or manager of the limited liability company or the receiver or rustee impowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED/NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

770-455-6053

Daytime Phone #