

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 07, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # M98000001252****1. Entity Name**  
BHMC GENPAR, L.L.C.

<b>Principal Place of Business</b> 14295 MIDWAY ROAD  ADDISON TX 75001	<b>Mailing Address</b> 14295 MIDWAY ROAD  ADDISON TX 75001
---	---

<b>2. Principal Place of Business</b> THREE RAVINIA DRIVE Suite, Apt. #, etc. SUITE 2900 City & State ATLANTA GA	<b>3. Mailing Address</b> THREE RAVINIA DRIVE Suite, Apt. #, etc. SUITE 2900, TAX DEPARTMENT City & State ATLANTA GA
---	---

**4. FEI Number**  
**75-2771070**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

<b>Zip</b> 30346	<b>Country</b>
---------------------	----------------

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
  
PLANTATION FL 33324 US

Name

Street Address (P.O. Box Number is Not Acceptable)

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** \_\_\_\_\_ **08/07/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS****10. ADDITIONS / CHANGES**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> KELSO LINDA L 14295 MIDWAY ROAD ADDISON TX 75001	<input type="checkbox"/> Delete
---	--	---------------------------------

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> MEYER-ROBERTS BARBARA 747 THIRD AVENUE, 26TH FLOOR NEW YORK CITY NY 10017	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
---	---	--

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> BAILEY JOHN D 14295 MIDWAY ROAD ADDISON TX 75001	<input type="checkbox"/> Delete
---	--	---------------------------------

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> BLANKENSHIP TERESA THREE RAVINIA DRIVE, SUITE 2900 ATLANTA GA 30346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
---	---	--

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> KAY ANDREA D 14295 MIDWAY ROAD ADDISON TX 75001	<input type="checkbox"/> Delete
---	---	---------------------------------

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> HOM DAVID THREE RAVINIA DRIVE, SUITE 2900 ATLANTA GA 30346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
---	--	--

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> MAYER JEFFREY P 14295 MIDWAY ROAD ADDISON TX 75001	<input type="checkbox"/> Delete
---	--	---------------------------------

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> CHITTY ROBERT THREE RAVINIA DRIVE, SUITE 2900 ATLANTA GA 75001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
---	--	--

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> BECKERT JOHN A 14295 MIDWAY ROAD ADDISON TX 75001	<input type="checkbox"/> Delete
---	---	---------------------------------

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> CORR MICHAEL THREE RAVINIA DRIVE, SUITE 2900 ATLANTA GA 30346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
---	---	--

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
---	--	---------------------------------

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
---	--	---

**11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.****SIGNATURE:** Barbara J. Meyer-Roberts

Mgr

08/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)