

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90171 006 ****50.00

DOCUMENT # M98000001252

1. Entity Name

BHMC GENPAR, L.L.C.

Principal Place of Business

**THREE RAVINIA DRIVE
 SUITE 2900
 ATLANTA GA 30346**

Mailing Address

**THREE RAVINIA DRIVE
 SUITE 2900. TAX DEPARTMENT
 ATLANTA GA 30346**

924845

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2771070

Applied For

Not Applicable

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**

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

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **CORR, MICHAEL**
 CITY-ST-ZIP **THREE RAVINIA DRIVE, SUITE 2900
 ATLANTA GA 30346**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **CHITTY, ROBERT**
 CITY-ST-ZIP **THREE RAVINIA DRIVE, SUITE 2900
 ATLANTA GA 75001**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **HOM, DAVID**
 CITY-ST-ZIP **THREE RAVINIA DRIVE, SUITE 2900
 ATLANTA GA 30346**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **MGR**
 STREET ADDRESS **BLANKENSHIP, TERESA**
 CITY-ST-ZIP **THREE RAVINIA DRIVE, SUITE 2900
 ATLANTA GA 30346**

TITLE ☐ Change ☒ Addition
 NAME **MGR**
 STREET ADDRESS **HOMER TORRES**
 CITY-ST-ZIP **THREE RAVINIA DRIVE, STE 2900
 ATLANTA, GA 30346**

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **MEYER-ROBERTS, BARBARA**
 CITY-ST-ZIP **747 THIRD AVENUE, 26TH FLOOR
 NEW YORK CITY NY 10017**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **MGR**
 STREET ADDRESS **John Longstreet**
 CITY-ST-ZIP **60 Three Ravinia Drive, SK 2900
 ATLANTA, GA 30346**

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 Meyer Roberts, MGR

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

FEB 5, 2002

212-852-6415

Date Daytime Phone #

Barbara Meyer Roberts

CR2E083 (9/01)