2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# M98000001252

Entity Name: BHMC GENPAR, L.L.C.

Current Principal Place of Business:

THREE RAVINIA DRIVE
SUITE 2900
ATLANTA, GA 30346

New Principal Place of Business:

Current Mailing Address:

THREE RAVINIA DRIVE
SUITE 2900, TAX DEPARTMENT
ATLANTA, GA 30346

New Mailing Address:

FEI Number: 75-2771070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	TARANTINI, JOHN	
Address:	THREE RAVINIA DRIVE, SUITE 2900	
City-St-Zip:	ATLANTA, GA 30346	
Title:	MGR	( ) Delete
Name:	CHITTY, ROBERT	
Address:	THREE RAVINIA DRIVE, SUITE 2900	
City-St-Zip:	ATLANTA, GA 75001	
Title:	MGR	( ) Delete
Name:	HOM, DAVID	
Address:	THREE RAVINIA DRIVE, SUITE 2900	
City-St-Zip:	ATLANTA, GA 30346	
Title:	MGR	( ) Delete
Name:	HOMER, TORRES	
Address:	THREE RAVINIA DRIVE, SUITE 2900	
City-St-Zip:	ATLANTA, GA 30346	
Title:	MGR	( ) Delete
Name:	MEYER-ROBERTS, BARBARA	
Address:	747 THIRD AVENUE, 26TH FLOOR	
City-St-Zip:	NEW YORK CITY, NY 10017	
Title:	MGR	( ) Delete
Name:	GUNKEL, ROBERT	
Address:	THREE RAVINIA DRIVE	
City-St-Zip:	ATLANTA, GA 30346	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	POA	(X) Change ( ) Addition
Name:	MEYER-ROBERTS, BARBARA	
Address:	747 THIRD AVENUE, 26TH FLOOR	
City-St-Zip:	NEW YORK CITY, NY 10017	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 POA 04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date