FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91003 036 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001252

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

Principal Place of Business	Mailing Address
THREE RAVINIA DRIVE SUITE 2900 ATLANTA, GA 30346	THREE RAVINIA DRIVE SUITE 2900, TAX DEPARTMENT ATLANTA, GA 30346

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILING FEE IS $400.00
Must Be Paid To Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CORR, MICHAEL THREE RAVINIA DRIVE, SUITE 2900 ATLANTA, GA 30346	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TARANTINI, John Three Ravinia Dr, STE 2900 Atlanta, GA 30346	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHITTY, ROBERT THREE RAVINIA DRIVE, SUITE 2900 ATLANTA, GA 76001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HOM, DAVID THREE RAVINIA DRIVE, SUITE 2900 ATLANTA, GA 30346	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HOMER, TORRES THREE RAVINIA DRIVE, SUITE 2900 ATLANTA, GA 30346	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MEYER-ROBERTS, BARBARA 747 THIRD AVENUE, 25TH FLOOR NEW YORK CITY, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JOHN, LONGSITEET C/O THREE RAVINIA DRIVE STE 2900 ATLANTA, GA 30346	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E093 (10/02)

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 4/22/03 212-852-6445
SIGNATURE AND TYPED OR PRINTED NAME OF MGR MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

BARBARA MEYER-ROBERTS