## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #

96 OCT 29 MM 10: 22



	A13497	
TW PARTNERS, LTD.		]

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Mailing Address 2859 PACES FERRY ROAD SUITE 1400	Principal Office Address  2859 PACES FERRY I  SUITE 1400	AD.	3. Date Formed or Registered 11/24/1982	5a. Capital Contributions as Show i on record \$10.00	
ATLANTA GA 30339	ATLANTA GA 30339			[	
				<b>5b.</b> Amount of Capital Contributions in FLORIDA	
2. Mailing Address	<b>2a.</b> Principal Office Ad	ddress	4. State or Country of Formation	to date	
Suite, Apt #, etc.	Suite, Apt. #, etc.		6. 59-2273964	Applied For Not Applicable	
City & State	City & State		7		
Zip Country	Zip	Country	7. Certilicate of Status Desired	\$8.75 Additional Fee Required	
2.0	2.0	ood my	8. Make check payable to Dept. c	of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
Nome Name					

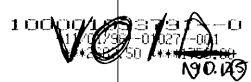
9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office		
BRYANT, BRADLEY D.	Name		
% TRAMMELL CROW RESIDENTIAL 6400 CONGRESS AVENUE, SUITE 2000 BOCA RATON FL 33487	Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc  City  FL  7:p Code		

10a. Pursuant to the provisions of sections 620 1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submitts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620-192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City. State & Zip Code	11c. Registration/ Document Number		
CT PARTNERS	717 N. HARWOOD, SUITE	DALLAS TX 75201	A10671		
		4 4			



Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes Trelease the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legisl effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this veport as required by chapter 620. Florida Statutes

SIGNATURE .

DAVID J. ELWELL IVP Typed or Printed Name of General Partner Signing Form

DATE 10-21-96 Daytime Telephone Number 779 801-1600