

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23834**

1. Entity Name

LAKE CITY SHOPPING CENTER INVESTMENT LIMITED PAR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -1 PM 5:36

Principal Place of Business

5500 INTERSTATE NORTH PARKWAY, SUITE 220
ATLANTA GA 30328

Mailing Address

5500 INTERSTATE NORTH PARKWAY, SUITE 220
ATLANTA GA 30328-4662



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Two Ravinia Drive

3. Mailing Address

Two Ravinia Drive

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Atlanta, Georgia

City & State

Atlanta, Georgia

4. FEI Number

58-1716328

Applied For

Not Applicable

Zip

30346-2104

Country

USA

Zip

30346-2104

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

9. Capital Contributions
as Shown on record.

\$2,954,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F93000004414**
NAME **TMW INVESTMENTS, INC.**
STREET ADDRESS **5500 INTERSTATE N. PKY., SUITE 200**
CITY - ST - ZIP **ATLANTA GA 30328-4662**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

B/K 3/13/04

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

800003169938--4
-03/14/00--01120--012

STREET ADDRESS

CITY - ST - ZIP

******526.25 ****526.25**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Thomas F. McWhirter, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thomas F. McWhirter, Jr.

Date

Daytime Phone #

770-481-3000

CR2E003 (9/99)