

FILE OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN -4 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
**1a. DOCUMENT #
A31051**
TRI-W INVESTMENT COMPANY OF DADE COUNTY, LTD.

Mailing Address
1073 W. PEACHTREE ST. N.E.
SUITE 101
ATLANTA GA 30309
Principal Office Address
1073 W. PEACHTREE ST. N.E.
SUITE 101
ATLANTA GA 30309

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country
2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed or Registered
12/31/1990
3a. Date of Last Report
10/01/1997
4. State or Country of Formation
FL
5a. Capital Contributions as
Shown on record.
\$844,946.00
5b. Amount of Capital
Contributions in FLORIDA
to date:
6. FEI Number
59-2254632
☐ Applied For
☐ Not Applicable
7. Certificate of Status Desired
☐ \$8.75 Additional
Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
SHAW, TIMOTHY S
720 SOUTH ORANGE AVENUE
SARASOTA FL 34236
10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip 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, submits 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). I hereby 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)

DATE

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
WYNNE, SHEILA	1073 W. PEACHTREE N.E.	ATLANTA GA 30367	
WYNNE, MERRILL D	1073 W. PEACHTREE ST.	ATLANTA GA 30367	

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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)(f), Florida Statutes. I release 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 legal 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 report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form
Merrill D. Wynne

Daytime Telephone Number
(404) 898-8210