

FILE ON 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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN -5 PM 2:07

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000057

CT PARTNERS NO. 2 LIMITED PARTNERSHIP



Mailing Address

2859 PACES FERRY RD.
SUITE 1400
ATLANTA GA 30339

Principal Office Address

2859 PACES FERRY RD.
SUITE 1400
ATLANTA GA 30339

3. Date Formed or Registered

03/08/1993

5a. Capital Contributions as
Shown on record.

\$99.00

3a. Date of Last Report

10/27/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

GA

6. FEI Number

58-1594342

☐ 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)

2. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 1100

City & State

SAME

Zip

SAME

Country

2a. Principal Office Address

SAME

Suite, Apt. #, etc.

SUITE 1100

City & State

SAME

Zip

SAME

Country

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

OK.

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

SUITE 1100

City

SAME

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

CROW-TERWILLIGER INVDESTMET

717 N. HARWOOD, STE.

DALLAS TX 75201

F93000000897

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****141.25 ****141.25

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. 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

Gina Smith, Asst. Sec. CT Investments

DATE

Typed or Printed Name of General Partner Signing Form

GINA SMITH

Daytime Telephone Number

770/801-1600

CR2E003 (8/98)