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| CT CORPORATION SYSTEM | <u> </u> | | |
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| Requestor's Name 660 East Jefferson Str | eet. | | , |
| Address Tallahassee, FL 32301 | 222-1092 Phone | 10000 | 26756618 |
| City State Zip | Luone | ** | /29/9801056016 ***87.50 *****87.50 |
| CORPORATION | ON(S) NAME | | |
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| Limited Partnership | () Reservi | ation | () Change of A.A. |
| () Reinstatement | _ | | () Fic: Name |
| () Certified Copy | () Photo (| Copies | |
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| Acknowledgment | | ¥ | - |

W.P. Verifier



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 23, 1998

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: TTG ASSOCIATES, L.P.

Ref. Number: W98000016748

We have received your document for TTG ASSOCIATES, L.P. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$87.50 payment.

Before this partnership can be filed, its corporate general partner -- WTP-TTG, INC. -- must be qualified in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Letter Number: 398A00038942

Buck Kohr Corporate Specialist SECON OF STATIONS
NESON OF 29 PM 1:51

Florida Department of State, Sandra B. Mortham, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| TTG Associates, L.P. | · | | | | <u>C.</u> | 9.7p |
|--|---|--------------------------------|-------------------------------|---------------------|------------|--------|
| (Name of | limited partnership a | s it is in the ho | me state) | | رمي | COM |
| TTC Associates, Ltd. | <u> </u> | | | | | 2 |
| (If name is unavailable, name under Florida; i | which the limited parmust contain the wor | rtnership propo d "LIMITED" | ses to register or "LTD.") | or transact busin | iess in | 0 1.57 |
| Georgia | 4 | October 1 | | | | , ·- |
| (State of Formation) | | (Date of | Formation) | | | |
| | ORPORATION SYS | | · | | | |
| (Name of Re | egistered Agent for Se | ervice of Proces | is) | | | |
| 1200 S | outh Pine Isla | and Road | | <u> </u> | 1 | L |
| (Street | Address of Registere | ed Office) | | | | |
| Plantation | | . F | lorida | 33324 | | |
| (City) | | , , ^ | | 33324 (Zip Code) | | |
| | Dale W. Morris (Officer must sign | | H. Morr | | • | |
| 1055 Lenox Park Bou | levard, Suite | 420 | | ** | · | |
| Atlanta, GA 30319 | <u> </u> | | | | | |
| (Address of registered office required | I in state of formation | or, if not requ | ired, address of | principal office. |) | ÷ |
| NAME OF GENERAL PARTNERS | | STRE | ET ADDRESS | | | |
| WTP-TTG, Inc. 10 | 55 Lenox Park | Boulevard, | Suite 420 |), Atlanta, | GA 303 | 19 |
| F9700006021 | | | | | | |
| | | | | | | |
| | | | | | | |
| 1055 Lenox Park Boul | | | | | - | |
| (Office where Names, A | ddresses and Contri | butions of Lim | ited Partners a | re kept.) | | |
| · The limited partnership will under | take to keep the re- | cords listing t | he addresses | and capital con | tributions | of th |

CONTINUED

limited partner or limited partners until the limited partnership's registration in Florida is canceled or

withdrawn.

1055 Lenox Park Boulevard, Suite 420 Atlanta, GA 30319 (Mailing Address of Limited Partnership) Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents the and that the facts stated herein are true and correct. This 26+h day of _ Sedretary, WTP-TTG, Inc. On this 26th day of June, 1998,

Vinothy J. Severt personally appeared before me, who is personally known to me □ whose identity I proved on the basis of _ Notary Public, Gwinnett County, Georgia

My Commission Expires January 11, 2001

Seal

My Commission Expires:

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

| ageneral partner of Trg Associates, L.D. , a (an) Georgia ageneral partner of Trg Associates, L.D. , a (an) Georgia ageneral partnership, hereinafter referred to as the "Partnership", who certifies as follows: 1. The amount of capital contributions of the limited partners is \$ \(\frac{\textit{Z}_1 \text{Y28}_1 \text{Y28}_2}{\text{28}_2} \) 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ \text{Loop} \) Under the penalties of perjury. I being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct. This \(\frac{29}{\text{day}} \) day of \(\frac{\text{June}}{\text{UTR}_1 \text{TC}_2} \), 19 \(\frac{9B}{\text{UTR}_1 \text{TC}_2} \) Who is personally known to me On this \(\frac{\text{MIN}}{\text{UNINSELLE}} \) Who is personally known to me whose identity I proved on the basis of \(\frac{\text{Notary Public Signature}}{\text{UNSELLE}_1 \text{Notary Public Signature}} \) Notary Public Signature B. Sharm \(\text{Uille Im} \) (Notary Public Signature) Notary Public, (Wannett County, Georgia Wy Commission Expires January 11, 200) | BEFORE ME, the undersigned, personally appe | amad | rham, SR VP, | | <u>-0</u> | |
|---|---|-----------------------------|------------------------------------|--------------------|---------------|-------------|
| It imited partnership, hereinafter referred to as the "Partnership", who certifies as follows: 1. The amount of capital contributions of the limited partners is \$ 2.428,428 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ | BEFORE IVIE, the undersigned, personally appe | 25 / 0 | a (an) | Georgie | 3 6 | |
| 1. The amount of capital contributions of the limited partners is \$ 21428,4428 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ | a general partner of | es, L.P. | , a (an) | 4601 3142 | 8 08 % | ^ |
| 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ | limited partnership, hereinafter referred to as the | Partnership", who certi | ties as follows: | <u>.</u> | 13 Co. 0 | 0 |
| that the facts stated herein are true and correct. This 29 day of June , 19 98 WTW-TTG, Inc. General Partner STATE OF Slorgia COUNTY OF Slovingett On this 4 day of June , 19 98 personally appeared before me, who is personally known to me whose identity I proved on the basis of Sharan Wilhelm (Notary Public Signature) B. Sharan Wilhelm (Notary Printed Name) Notary Public, Gwinnett County, Georgia My Commission Expires January 11, 2001 | 2. The anticipated amount of the capital contrib | outions of the limited part | 128,428 tners that are allocate | d for the purposes | of St. | CASIONS . |
| WTD-TTG, Inc. General Partner STATE OF Several Partner STATE OF Several Partner COUNTY OF Several Partner On this Who is personally known to me personally appeared before me, whose identity I proved on the basis of Notary Public Signature) B. Sharan Wilhelm (Notary's Printed Name) Notary Public, Gwinnett County, Georgia My Commission Expires January 11, 2001 | | | ead the foregoing an | d know the content | s thereof and | |
| General Partner STATE OF Sevenett On this Jith day of June 198, personally appeared before me, who is personally known to me whose identity I proved on the basis of Notary Public Signature) B. Sharon Wilhelm (Notary's Printed Name) Notary Public, Gwinnett County, Georgia My Commission Expires January 11, 2001 | | | | | | , |
| On this | | General Partne | er . | | | · |
| personally appeared before me, who is personally known to me whose identity I proved on the basis of Shaven Stilhelen (Notary Public Signature) B. Shaven Wilhelm (Notary's Printed Name) Notary Public, Gwinnett County, Georgia My Commission Expires January 11, 2001 | COUNTY OF Georgia | | | es es | | - |
| Whose identity I proved on the basis of Sharon Wilhelm | On this da | | | | | |
| Whose identity I proved on the basis of Sharon Wilhelm | who is personally known to me | | | | | |
| (Notary Public Signature) B. Sharon Wilhelm (Notary's Printed Name) Notary Public, Gwinnett County, Georgia My Commission Expires January 11, 2001 | • | | | | | - |
| (Notary Public Signature) B. Sharon Wilhelm (Notary's Printed Name) Notary Public, Gwinnett County, Georgia My Commission Expires January 11, 2001 | - S. Marin Stillage | | | | | _ |
| (Notary's Printed Name) Notary Public, Gwinnett County, Georgia My Commission Expires January 11, 2001 | | <u> </u> | | • | | +4 · .* |
| Notary Public, Gwinnett County, Georgia My Commission Expires January 11, 2001 | B. Sharon Wilhelm |) | | ٠ | | |
| My Commission Expires January 11, 2001 | (Notary's Printed Name) | | Motor: Dublin Cuinn | att County Goomie | | |
| | | | My Commission Expir | | | |