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
99 SEP 15 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership: TTG ASSOCIATES, L.P.

1a. DOCUMENT # B98000006630

Mailing Address / Principal Office Address

2. Mailing Address: 1055 LENOX PARK BLVD
Suite, Apt. #, etc.: SUITE 420 ATTN: ROBERT BARRETT
City & State: ATLANTA GA.
Zip: 30319 Country:

2a. Principal Office Address: 1055 LENOX PARK BLVD
Suite, Apt. #, etc.: SUITE 420
City & State: ATLANTA, GA
Zip: 30319 Country:

3. Date Formed or Registered: OCTOBER 29, 1998

3a. Date of Last Report:

4. State or Country of Formation: GEORGIA

5a. Capital Contributions as Shown on Record: $ 1,000 00

5b. Amount of Capital Contributions in FLORIDA to date: $ 1,000.00

6. FEI Number: 54-1632145 ☐ 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:
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 620.1007 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 as 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
WTP-TTG, INC.	1055 LENOX PARK BLVD SUITE 420	ATLANTA, GA 30319	F98000006021

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CRAPE003 (8/98)

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

12. I/We 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 provided by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 9/22/98

Typed or Printed Name of General Partner Signing Form WTP-TTG, INC. BY TIMOTHY SEVERT, Daytime Telephone Number 404-841-6600