DOCUMENT # B9900000183					}	Grand FILED	
U.S. PROPERTY FUND GMBH & CO. KR LIMITED PARTNER					SECRETARY OF STATE DIVISION OF CORPORATIONS		
Notice Address						OD APR 19 AMII: 43	
Principal Place of Business Mailing Address 5500 INTERSTATE NORTH PARKWAY. SUITE 200 5500 INTERSTATE NORT ATLANTA GA 30328-4662 ATLANTA GA 30328-4662			PARKWAY. SUITE 200		.000	Jan	
2. Principal Place of Business Two Ravinia Drive 3. Malling Address Two Ravin			Drive				
Suite, Apt. Suite	400	Suite, Apt. #, etc. Suite 400			DO NOT WRITE IN THIS SPACE		
City & State		City & State	· .		1	4. FEI Number Applied For S2-2133553 Not Applied For	
Atlanta, Georgia Zip Country		Atlanta, Geor	Country		-	— \$8.75 Additional	
<u> 30346-</u>	-2104 USA	30346-2104		ŞĂ		5. Certificate of Status Desired Fee Required	
	6. Name and Address of Current	Registered Agent		Name		7. Name and Address of New Registered Agent	
0 T 000	PODATION OVOTEM			Name			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)			
PLANTATI	ON FL 33324						
				City		FL Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 19,699.98 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION							
12.	GENERAL PARTNER		13.		101110111	ADDRESS CHANGES ONLY	
DOCUMENT / M99000000679 TMW U.S. PROPERTY FUND MANAGEMENT GMGH			STR	REET ADDRESS	Two	Two Ravinia Drive, Suite 400	
STREET ADDRESS CITY - ST - ZIP			СПУ	Y-ST-ZIP	At]	Atlanta, Georgia 30346-2104	
DOCUMENT#			STR	REET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			CITY	Y-ST-ZIP			
DOCUMENT #			STR	REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP		TOTAL CONTRACTOR CO	
DOCUMENT# NAME			STR	REET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			CIL	Y-ST-ZNP			
DOCUMENT# NAME			STR	REET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			CITY	Y-ST-ZIP			
DOCUMENT# NAME		_	STR	REET ADIORESS			
STREET ADDRESS CITY - ST - ZIP			. I	Y-ST-ZIP			
 I hereby of indicated the receiver 	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute the	this filing does not qualify for the standard signature shall have the support as required by Chapte	the exe he sam er 620,	emption state le legal effec Florida State	ad in Sec as if mutes	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or	

Thomas F. McWhirter, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

770-481-3000

Daytime Phone #