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C T CORPORATION SYSTEM /Melanie Strickland

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

200003041712--3

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*****87.50 *****87.50

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U.S. Property Management II, L.P.

- ☐ Profit ☐ Amendment ☐ Merge
- ☐ NonProfit ☐ Dissolution/Withdrawal ☐ Mark
- ☐ Limited Liability Company ☐ Annual Report ☐ Other
- ☐ Foreign ☐ Fict. Filing ☐ Change of R.A.
- ☒ Limited Partnership ☐ Fict. Filing Cancel ☐ UCC-1 UCC-3
- ☐ Reinstatement ☐ Photo Copies ☐ CUS
- ☐ Limited Liability Partnership
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Thanks, Melanie ☺

NOV 10

*Buck: Please call
Melanie w/ ast.*

*Thank you,
M.S.*

CR2E031 (1-89)

LP - 87.50

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

1. U.S. Property Management II, L.P.
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Georgia 4. 6/16/98
(State of Formation) (Date of Formation)

5. CT Corporation System
(Name of Registered Agent for Service of Process)

6. c/o CT Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

- Plantation Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

CT Corporation System

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Connie Bryan
(Agent must sign on this line)

8. 5500 Interstate North Parkway, Suite 200

- Atlanta, Georgia 30328-4662
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

<u>TMW Realty Advisors, LLC</u>	<u>5500 Interstate North Parkway</u>
	<u>Suite 200</u>
	<u>Atlanta, Georgia 30328-4662</u>

mqgo roouu774

10. 5500 Interstate North Parkway, Suite 200, Atlanta, Georgia 30328-4662
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. 5500 Interstate North Parkway, Suite 200

Atlanta, Georgia 30328-4662

(Mailing Address of Limited Partnership)

Under 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 9th day of November, 1999

By: TMW Realty Advisors, LLC - sole general partner

* By: *Stephen F. White*

Stephen F. White General Partner Vice President

*By: TMW Real Estate Group, LLC, its sole member

By: TMW Real Estate Partners, Inc., its ~~sole~~ managing member

STATE OF GEORGIA

COUNTY OF FULTON

On this 9th day of November, 1999

Stephen F. White, a vice-president of TMW Real Estate* personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



William Darr Smith
(Notary Public Signature)

William Darr Smith
(Notary's Printed Name)

Seal

My Commission Expires: _____

* Partners, Inc., the ~~sole~~ managing member of TMW Real Estate Group, LLC, the sole member of TMW Realty Advisors, LLC, the sole general partner of U.S. Property Management II, L.P.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

FILED STATE
SECRETARY OF CORPORATIONS
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BEFORE ME the undersigned personally appeared _____
a general partner of U.S. Property Management II, L.P., a (an) Georgia
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 10,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ - 0 -.

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 2nd day of August, 1999.

By: TMW Realty Advisors, LLC, its sole general partner
By: TMW Real Estate Group, LLC, its sole member
By: TMW Real Estate Partners, Inc., its managing member

By: _____

General Partner

STATE OF GEORGIA

COUNTY OF FULTON

On this 2nd day of August, 1999,

Steve Yeager, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Rosemary Van Arsdale
(Notary Public Signature)

Rosemary VAN ARSDALE
(Notary's Printed Name)

Notary Public, Cherokee County, Georgia
My Commission Expires Oct. 9, 2003

Seal

My Commission Expires:

* , Vice President of TMW Real Estate Partners, Inc., managing member of TMW Real Estate Group, LLC, sole member of TMW Realty Advisors, LLC,