

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000409

1. Entity Name

U.S. PROPERTY MANAGEMENT II, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -2 PM 1:33

Principal Place of Business
5500 INTERSTATE NORTH PARKWAY, SUITE 200
ATLANTA GA 30328-4662

Mailing Address
5500 INTERSTATE NORTH PARKWAY, SUITE 200
ATLANTA GA 30328-4662



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Two Ravinia Drive
Suite, Apt. #, etc.
Suite 400
City & State
Atlanta, Georgia
Zip
30346-2104 Country
USA

3. Mailing Address
Two Ravinia Drive
Suite, Apt. #, etc.
Suite 400
City & State
Atlanta, Georgia
Zip
30346-2104 Country
USA

4. FEI Number
58-2401871

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$0.00 10. Amount of Capital Contributions in FLORIDA to date. \$0.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M99000001776	STREET ADDRESS	
NAME	TMW REALTY ADVISORS, LLC	CITY - ST - ZIP	100003285401--9
STREET ADDRESS	5500 INTERSTATE NORTH PARKWAY, SUITE 200		06/12/00-01117-008
CITY - ST - ZIP	ATLANTA GA 30328-4662		***141.25 ***141.25
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STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Thomas F. McWhirter, Jr. 770-481-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #