Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90158 002 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999____

DOCUMENT # F9300000897 1. Corporation Name CROW-TERWILLIGER INVESTMENTS #2, INC.							
Principal Place of Business		Mailing Address	··		1,000		
717 N HARDWOOD SUITE 12	m T	TRAMMEL CROW RESIDENCE					
LOCK BOX 128		2859 PACES FERRY RD SUITE 1400 ATLANTA GA 30339			DO NOT WRITE IN THIS SPACE		
DALLAS TX 75201		US			3. Date Incorporated or Qualifed		
US	•	•			03/08/1993		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	\	plied For
21		26			75-2426542	\$8.75	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Re		
22		Cib. 9 State		6. Election Campaign Financing	\$5,00	May Be	
City & State		City & State		Trust Fund Contribution	Added t	- 1	
Zin Country		Zip Country		8. This corporation owes the current year I	ntangible	_	
¬ - '		29 30			Personal Property Tax.		
24 9 Name	and Address of Current Reg				10. Name and Address of New Registere	d Agent	
			81	Name			
THE PRENTICE-HALL CORPORATION SYSTEM INC.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1201 HAYS ST	REET		_	ļ			
SUITE 105	FL 00004		83	•		 	
TALLAHASSEE	FL 32301		84	City	F	85 Zip	Code
		LOOT LEON El-vide Statutos	the abou	re-named corr	- African Albanian	of changing its	registered
 Pursuant to the provise office or registered agagent. I am familiar w 	ions of Sections 607.0502 and lent, or both, in the State of Fli ith, and accept the obligations	orida. Such change was auth- of, Section 607.0505, Florida	orized by Statute	the corporati	poration submits this statement for the pulpose ion's board of directors. I hereby accept the app	ointment as re	igistered
SIGNATURE		illo if contingble (NOTF: Re	cistered Ace	ent signature require	ed when reinstating) DATE		
	or printed name of registered agent and OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE D	OTTIOE TO THE	☐ DELETE	1.1 TITLE			☐ Change	Addition \
	IARLAN R		1.2 NAME				
	SS AVE., STE. 3500	1.3 ST		ET ADDRESS			
	TX 75201			ST-ZIP		☐ Change	Addition
TITLE DP		☐ DELETE	2.1 TITLE				
	TERWILLIGER, J. RONALD		2.2 NAME				
STREET ADDRESS 2859 PACES FERRY RD., STE. 1400		00		ET ADDRESS	÷		-
OIT OF THE			2. 4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
	UVP		3.1 TILE	i			ļ
	CROW, TRAWINGEL 3			ET ADDRESS			
1 211.10	SS AVE., STE. 3500		3.4. CITY	1			
	TX 75201	☐ DELETE	4.1 TITLE			☐ Change	Addition
DAGE 5	ANDY J		4.2 NAM	E Ì			
	ARWOOD, STE. 1200		4.3 STRE	EET ADDRESS			
	TX 75201		4.4 CITY	-ST-ZIP		☐ Change	e 🔲 Addition
TITLE S		☐ DELETE	5.1 TITLE	1			, الماري
	randy J		5.2 NAM				
	HARWOOD, STE. 1200			EET ADDRESS	:		
	TX 75201	□ DELETE	5.4 CITY 6.1 TITL			Change	e 🔲 Addition
TITLE V	D414D 1		6.2 NAM				
	, DAVID J.	1400	1	EET ADDRESS			
STREET ADDRESS 2859 P/	ACES FERRY RD., SUITE	1400		-ST-ZIP			
LOT OT TO LAILANI	A LIA						- information

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-49

770-801-/60