FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003048 (5)**

1. Corporation Name
TMW REAL ESTATE PARTNERS, INC.

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

3. Date Incorporated or Qualified: **06/10/1994**
3a. Date of Last Report: **06/18/1996**
4. FEI Number: **58-1459474** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when name altered) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCWHIRTER, THOMAS F		1.2 NAME	
STREET ADDRESS	5500 INTERSTATE NORTH PARKWAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328-4662		1.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, ARTHUR H		2.2 NAME	
STREET ADDRESS	5500 INTERSTATE NORTH PARKWAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328-4662		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TRESCHER, KLAUS		3.2 NAME	
STREET ADDRESS	TMW IMMOBILIEN, PRANNERSTRASSE 1		3.3 STREET ADDRESS	
CITY-ST-ZIP	80333 MUNICH, GERMANY		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SUTO, ALEXANDER W		4.2 NAME	
STREET ADDRESS	600 PEACHTREE ST., N.E.		4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30308		4.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	REHPOHL, CHARLOTTE		5.2 NAME	
STREET ADDRESS	5500 INTERSTATE NORTH PARKWAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328-4662		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PAHL, DAVID		6.2 NAME	
STREET ADDRESS	5500 INTERSTATE NORTH PKJWY STE 200		6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTQ GA		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Thomas F McWhirter Jr