

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90158 002 \*\*\*450.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000003048**

1. Corporation Name

**TMW REAL ESTATE PARTNERS, INC.**

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

3. Date Incorporated or Qualified

**06/10/1994**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **MCWHIRTER, THOMAS F**  
CITY-ST-ZIP **5500 INTERSTATE NORTH PARKWAY  
ATLANTA GA 30328-4662**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **TRESCHER, KLAUS**  
CITY-ST-ZIP **TMW IMMOBILIEN, PRANNERSTRASSE 1  
80333 MUNICH, GERMANY**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **S**  
STREET ADDRESS **SUTO, ALEXANDER W**  
CITY-ST-ZIP **600 PEACHTREE ST., N.E.  
ATLANTA GA 30308**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **Daniel E. Oliver**  
3.3 STREET ADDRESS **5500 Interstate No. Pkwy, Ste. 200**  
3.4 CITY-ST-ZIP **Atlanta, GA 30328-4662**

TITLE ☐ DELETE  
NAME **AS**  
STREET ADDRESS **VAN ARSDALE, ROSEMARY**  
CITY-ST-ZIP **5500 INTERSTATE NO. PKWY SUITE 220  
ATLANTA GA 30328-4662**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **John A. Rose**  
4.3 STREET ADDRESS **5500 Interstate No. Pkwy, Ste. 220**  
4.4 CITY-ST-ZIP **Atlanta, GA 30328-4662**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **PAHL, DAVID**  
CITY-ST-ZIP **5500 INTERSTATE NORTH PKJWY STE 200  
ATLANTQ GA**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **C. Steve Yeager**  
5.3 STREET ADDRESS **5500 Interstate North Pkwy, Ste. 200**  
5.4 CITY-ST-ZIP **Atlanta, GA 30328-4662**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **EVP**  
6.3 STREET ADDRESS **Kenneth A. Campbell**  
6.4 CITY-ST-ZIP **5500 Interstate North Parkway, Suite 220  
Atlanta, GA 30328-4662**

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:

*Thomas F. McWhirter, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas F. McWhirter, Jr. 1/6/99 770-955-4571**

Date

Daytime Phone #

CR2E034 (1/98)