

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000003048**

1. Entity Name  
**TMW REAL ESTATE PARTNERS, INC.**



**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90192 007 \*\*\*150.00

Principal Place of Business  
**TWO RAVINIA DRIVE  
SUITE 400  
ATLANTA GA 30346-2104  
US**

Mailing Address  
**TWO RAVINIA DRIVE  
SUITE 400  
ATLANTA GA 30346-2104  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**213 Washington Street  
8th Floor - Tax Dept  
Newark, NJ  
07102 USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-1459474** 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 S. PINE ISLAND RD.  
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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCWHIRTER, THOMAS F</b>		NAME		
STREET ADDRESS	<b>TWO RAVINIA DRIVE, SUITE 400</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTA GA 30346-2104</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<b>VZP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRESCHER, KLAUS</b>		NAME		
STREET ADDRESS	<b>TMW IMMOBILIEN, PRANNERSTRASSE 1</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>80333 MUNICH, GERMANY</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>VP/COO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OLIVER, DANIEL E</b>		NAME	<b>Kenneth A. Campbell</b>	
STREET ADDRESS	<b>TWO RAVINIA DRIVE, SUITE 400</b>		STREET ADDRESS	<b>2 Ravinia Dr., Suite 400</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30346-2104</b>		CITY-ST-ZIP	<b>Atlanta, GA 30346-2104</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN ARSDALE, ROSEMARY</b>		NAME		
STREET ADDRESS	<b>TWO RAVINIA DRIVE, SUITE 400</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTA GA 30346-2104</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAHL, DAVID</b>		NAME		
STREET ADDRESS	<b>TWO RAVINIA DRIVE, SUITE 400</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTA GA 30346-2104</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSE, JOHN A</b>		NAME		
STREET ADDRESS	<b>TWO RAVINIA DRIVE, SUITE 400</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTA GA 30346-2104</b>		CITY-ST-ZIP		

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kenneth A. Campbell** 3/9/03 770-481-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)