

# 2000 UNIFORM BUSINESS REPORT (UBR)

0016791 AF

DOCUMENT # M99000000673

1. Entity Name

TMW PROPERTY SERVICES, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 15 PM 2:46

Principal Place of Business Mailing Address  
5500 INTERSTATE NORTH PARKWAY, SUITE 220 5500 INTERSTATE NORTH PARKWAY, SUITE 220  
ATLANTA GA 30328-4665 ATLANTA GA 30328-4662



2. Principal Place of Business 3. Mailing Address  
Two Ravinia Drive Two Ravinia Drive

Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite 400 Suite 400

City & State City & State  
Atlanta, GA Atlanta, GA

Zip Country Zip Country  
30346-2104 USA 30346-2104 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2445780 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

BLT

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM  
NAME TMW MANAGEMENT, LLC  
STREET ADDRESS % 5500 INTERSTATE NORTH PARKWAY, #220  
CITY-ST-ZIP ATLANTA GA 30328-4665

TITLE  
NAME  
STREET ADDRESS Two Ravinia Drive, Suite 400  
CITY-ST-ZIP Atlanta, GA 30346-2104

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Kenneth A. Campbell, President 2/4/00 770-481-3000

CR2E083 (9/99)