

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M99000000679**  
 1. Entity Name  
**TMW U.S. PROPERTY FUND MANAGEMENT GMBH, LLC**

Principal Place of Business Mailing Address  
**TWO RAVINIA DRIVE TWO RAVINIA DRIVE**  
**SUITE 400 SUITE 400**  
**ALTANTA GA 30346-2104 ALTANTA GA 30346-2104**

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number **52-2133551** 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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
**MGRM VON WERZ, GEORGE**  
 STREET ADDRESS  
**WITTLESBACHER PLATZ 1 D-80333 MUNICH**  
 CITY-ST-ZIP  
**GERMANY**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
**MGRM HOELLER, THOMAS**  
 STREET ADDRESS  
**WITTLESBACHER PLATZ 1 D-80333 MUNICH**  
 CITY-ST-ZIP  
**GERMANY**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
**MGRM KRENZLER, VOLKER**  
 STREET ADDRESS  
**WITTLESBACHER PLATZ 1 D-80333 MUNICH**  
 CITY-ST-ZIP  
**GERMANY**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
**MGRM PAHL, DAVID C**  
 STREET ADDRESS  
**TWO RAVINIA DRIVE**  
 CITY-ST-ZIP  
**ALTANTA GA 30346-2104**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
**MGRM MCWHIRTER, THOMAS F JR**  
 STREET ADDRESS  
**TWO RAVINIA DRIVE**  
 CITY-ST-ZIP  
**ALTANTA GA 30346-2104**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
**MGRM CAMPBELL, KENNETH A**  
 STREET ADDRESS  
**TWO RAVINIA DRIVE**  
 CITY-ST-ZIP  
**ALTANTA GA 30346-2104**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Kenneth A Campbell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

770-481-3000

Daytime Phone #

**FILED**

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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