2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED May 04, 2004 08:00 AM Secretary of State

DOCUMENT # A0000001937 1. Entity Name TWC TWENTY-TWO, LTD.								Se	ecretar	y of State
Principal Place of Business Mailing Address 655 NORTH FRANKLIN STREET, SUITE 2200 655 NORTH FRANKLIN TAMPA, FL 33602 TAMPA, FL 33602					I STREET	T, SUITE 2200				
2. Principal f	Place of Busin	ess	3.	Mailing Address						
Suite, Apt	Suite, Apt # etc.			Suite, Apt # etc			01302004	Chg-LP	CR2E003	(10/03)
City & Sta	City & State			City & State			4. FEI Number 59-3687		<u> </u>	Applied For Not Applicable
Zip		Country		Zip	Cour	ntry	†	of Status Desired		1.75 Additional
	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
2200 MUS 150 WES	MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130					Name Street Address (P.O Box Number	r is Not Acceptable	FL	Zip Code
8. The above the obliga	named entity tions of regist	submits this stateme ered agent	ent for the p	urpose of changing its	s register	ed office or register	red agent, or both	, in the State of Flo		iliar with, and accept
SIGNATURE	Signature Nipedie	or printed name of registered	d anniicahte				DATE			
9. Capital Contributions as Shown on record \$6,432,783.00 10. Amount of Capital Contributions in FLORIDA to date						butions 0, 573, 113	00		DATE	
	A G	ENERAL PARTNE	R THAT	IS A BUSINESS EI	NTITY N	UST BE REGIS	TERED AND A	CTIVE WITH TH	IS OFFICE.	
12.	NOTE: General Partners MAY NOT be changed on the fore						nt must be filed			er
DOCUMENT #	A0000001936							ADDRESS CHA	ANGES UNLY	<u> </u>
NAME STREET ADDRESS CITY-ST-ZIP	TWC TWENTY-TWO PARTNERS 655 NORTH FRANKLIN STREET, TAMPA, FL 33602					EET ADDRESS (-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
DOCUMENT #					_					
NAME STREET ADDRESS CITY: ST-ZIP						EET ADDRESS	U00000159547 05/10/04-80035-002 526.25			
DOCUMENT # NAME			· · · · · ·		STR	EET ADORESS				
STREET ADDRESS CITY-SI-ZIP					GITY	r-ST-ZIP				
DOCUMENT #					STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					CHY	r-St-ZIP				
CITY-ST-ZIP DOCUMENT * NAME STREET ADDRESS GITY-ST-ZIP DOCUMENT * NAME					ราส	EET ADDRESS				
CITY-ST-ZIP	<u> </u>		<u></u>		CITY	f-ST-ZIP				
STREET ADDRESS						EET ADDRESS				
indicated the recei	l on this repor ver or trustee	t is true and accurate empowered to execu	and that materials the end of the thick that the end of	ling does not qualify for ny signature shall have nt as required by Chaj wenty-Two	or the exe the sam oter 620	emption stated in Se e legal effect as if r Florida Statutes	made under oath.	that I am a Genera	al Partner of the	that the information limited partnership or