

A00000001937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

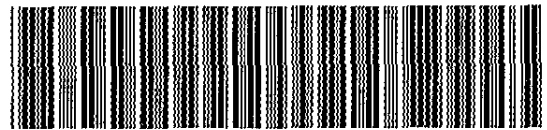
(Business Entity Name)

(Document Number)

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08/01/03--01019--004 \*\*1802.50

RECEIVED  
03 AUG - 1 AM 10: 05  
STATE  
DEPARTMENT OF CORPORATIONS  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

BK

FILED  
03 AUG - 1 AM 10: 08  
STATE  
DEPARTMENT OF CORPORATIONS  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: CINDY

DATE: 8-1-03

REF. #: 0151.18238

CORP. NAME: TWC TWENTY-TWO, LTD.

03 AUG - 1 AM 10: 08  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                            | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                    | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                            | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION              |   |  |
| <input checked="" type="checkbox"/> OTHER: SUPPLEMENTAL AFFIDAVIT |   |  |

STATE FEES PREPAID WITH CHECK# 9464 FOR \$ 1802.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**SUPPLEMENTAL AFFIDAVIT  
OF CAPITAL CONTRIBUTIONS OF  
TWC TWENTY-TWO, LTD.**

03 AUG -1 AM 10:08  
FILED  
SERIALS SECTION  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA                    )  
  )SS.  
COUNTY OF LEON                    )

Pursuant to Section 620.112 of the Florida Revised Uniform Limited Partnership Act, the undersigned, being the sole General Partner of TWC TWENTY-TWO, LTD., a Florida limited partnership (the "Partnership"), who upon being duly sworn, deposes and says:

1. The aggregate capital contributions made or to be made by the Limited Partner of the Partnership to the Partnership is \$6,432,783.00.
2. It is not anticipated that the Limited Partner will make any additional contributions to the capital of the Partnership other than as set forth in Number 1, above.

DATED: JULY 29, 2003

TWC TWENTY-TWO PARTNERS, LTD., a  
Florida limited partnership

By: TWC Twenty-Two, Inc., a Florida  
corporation, its sole General Partner

By: Debra F. Koehler  
Debra F. Koehler, Senior  
Vice President

STATE OF FLORIDA                    )  
  )  
COUNTY OF LEON                    )

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by Debra F. Koehler, the Senior Vice President of TWC Twenty-Two, Inc., a Florida corporation, the sole general partner of TWC Twenty-Two Partners, Ltd., a Florida limited partnership, on behalf of the corporation and as an act of the partnership. She is personally known to me or has produced a driver's license as identification and did take an oath.

Patricia K. Green  
\_\_\_\_\_  
Print or Stamp Name:  
Notary Public, State of Florida at Large  
Commission No.: \_\_\_\_\_  
My Commission Expires: