2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

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SIGNATURE: By

By: TWO Eighty-Two, Inc.
By

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TALLAHASSEE, FLORIDA DOCUMENT # A9400000408 08 APR 25 AM 10: 44 1. Entity Name TWC EIGHTY-TWO, LTD. Principal Place of Business Mailing Address 655 NORTH FRANKLIN STREET, SUITE 2200 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182008 CR2E003 (12/06) Chg-LP Applied For 4. FFI Number City & State City & State 59-3232406 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Brenda H. Store C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 N. Franklin St. Suite 2200 602 8. This 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 stered agent. Store Signature, typed or printed name of registered agent and title if applicat DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. A95000002019 DOCUMENT # STREET ADDRESS TWC EIGHTY-TWO PARTNERS, LTD. NAME STREET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200 CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-ZIP City-SI-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 General Partner of the limited partnership or the receiver or truespecial or execute this report as required by Chapter 620. Florida Statutes TWO Eighty-Two, Ltd. By: TWO Eighty-Two Partners, Ltd.

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SECRETARY OF STATE