Mailing Address

Principal Place of Business



HAY -2 PH 7: 46

JECRETARY OF STATE

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655 NORTH FRANKLIN STREET. SUITE 2200 655 NORTH FRANKLIN STAMPA FL 33602 TAMPA FL 33602				reet. Su	ITE 2200	TALLAHASSE	1114.0	
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2. Principal Place of Business 3. Mailing Address							AILI BOIN AIDIA BOID! ION ISBI	
Suite, Apt. #, etc. Suite,			Suite, Apt. #, etc.	ite, Apt. #, etc.		DUE BY MAY 1, 2003		
City & State City & State						4. FEI Number 59-3232406 Applied For		
					·- <u>-</u>	39 3232400	Not Applicable	
Zip		Country	Zip	Country			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
WILSON, JACK					Name Brian J. Mcdonough			
655 NORTH FRANKLIN STREET, SUITE 2200					Street Address (P.O. Box Number is Not Acceptable) 2200 Museum Tower			
TAMPA FL 33602								
				,	150 West Flagler Street			
					City Miami FL Zip Code 33130			
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. I am familiar with, and accept								
the obligations of registered abent.								
SIGNATURE Signature, typed or grinyled name of registered agent and title if applicable. DATE								
9 Capital Contributions #44 APP 400 00 10 Amount of Capital Contributions 11 MANE CHERY DAYABLE TO SERVICE STATE								
as Shown on record. in FLORIDA to date. \$10943,000,000 SEE REVERSE SIDE FOR FEE INFORMATION 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 fo								
12. GENERAL PARTNER INFORMATION					13. ADDRESS CHANGES ONLY			
DOCUMENT # A9500002019 NAME TWC EIGHTY-TWO PARTNERS, LTD.				STREE	ET ADDRESS			
STREET ADDRESS	EET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200							
CITY-ST-ZIP				CITY-	ST-ZIP	<u> </u>		
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14 I bereby o	netific that tha	information aupplied w	ith this filing does not qualify for	the aven		in Costion 110 07/3//i) Florida Statutas i further cost		

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

TWC Eighty-Two, Ltd. By: TWC Eighty-Two Partners, Ltd. By: TWC Eighty-Two, Inc.

SIGNATURE: By: SIGN

4-30-03 Date

Daytime Phone #

813-281-8888