

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000495 AV

DOCUMENT # **A94000001716**



1. Entity Name
TWC EIGHTY-EIGHT, LTD.

FILED
03 MAY -2 PM 7:47

Principal Place of Business
**655 NORTH FRANKLIN STREET, SUITE 2200
TAMPA FL 33602**

Mailing Address
**655 NORTH FRANKLIN STREET, SUITE 2200
TAMPA FL 33602**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3284655**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, JACK
655 NORTH FRANKLIN STREET, SUITE 2200
TAMPA FL 33602

Name
Brian J. McDonough
Street Address (P.O. Box Number is Not Acceptable)
2200 Museum Tower
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 agent.

SIGNATURE *[Signature]*

4/27/03

DATE

9. Capital Contributions as Shown on record. **\$16,007,069.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$15,986,888.43**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
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 form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	A95000001299
NAME	TWC EIGHTY-EIGHT PARTNERS, LTD.
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200
CITY-ST-ZIP	TAMPA FL 33602
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	500017911495 05/02/03--01102--008 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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

SIGNATURE: By: *[Signature]*
Debra Koehler, General Partner

4-30-03 813-281-8888

Date Daytime Phone #

SAMPLE CHECK HERE

CR2E003 (10/02)