

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 DEC 24 AM 9:14

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000001299**



**TWC EIGHTY-EIGHT PARTNERS, LTD.**

Mailing Address:  
**6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600  
TAMPA FL 33607**

Principal Office Address:  
**6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600  
TAMPA FL 33607**

3. Date Formed or Registered

**08/31/1995**

5a. Capital Contributions as Shown on record

**\$100.00**

3a. Date of Last Report

**01/18/1996**

5b. Amount of Capital Contributions in FLOs (as to date)

2. Mailing Address

2a. Principal Office Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. State or Country of Formation

**FL**

6. FL Number **59-3369946**

**APPLIED FOR**

Applied For  
 Not Applicable

7. Certificate of Status Desired

**\$8.75** Additional Fee Reported

8. Make checks payable to Dept. of State (See reverse side for information)

9. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FL, INC  
390 N. ORANGE AVENUE, SUITE 1100  
ORLANDO FL 32801**

10. If changed, new Registered Agent Office

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
State, Apt. #, etc. \_\_\_\_\_  
City \_\_\_\_\_  
Zip Code **FL**

10a. I am aware of the provisions of Sections 609.1(1)(a) and 609.1(1)(b) of the Florida Statutes. I, as shown, am a limited partnership organized or registered under the laws of the State of Florida. I submit this statement for the purpose of changing the registered or current registered agent, on both, in the State of Florida. Such change was authorized by its general partners. I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of sections 609.1(1)(a) and 609.1(1)(b) Florida Statutes.

SIGNATURE (By Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name (S) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

**TWC EIGHTY-EIGHT, INC.**

**6200 COURTNEY CAMPBELL**

**TAMPA FL 33607**

**P94000087898**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I declare by certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(c) if the content of the information supplied is determined exempt from public access. I further certify that the information indicated on this annual report is true and correct and that my signature shall have the same legal effect as if made or declared. I further certify that I am a General Partner of the limited partnership, receiver or trustee of partnership. The certificate is required by chapter 609, Florida Statutes.

**TWC Eighty-Eight, Inc., General Partner**

SIGNATURE By:

*Debra F. Koehler*

*he* DATE

**12/02/96**

Typed or Printed Name of General Partner Signing Form

**Debra F. Koehler, Sr. Vice Pres.**

Daytime Telephone Number

**813/281-8888**

CP2503 (6/96)