

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999**



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

FILED  
JAN -5 PM 4:30  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS



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

12/22/1997

5b. Amount of Capital Contributions in FL OR DA to date

4. State or County of Formation

FL

6. FFI Number

59-3369946

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

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

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent Office

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership, organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (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)

TWC EIGHTY-EIGHT, INC.

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

6200 COURTNEY CAMPBELL

11b. City, State & Zip Code

TAMPA FL 33607

11c. Registration Document Number

P94000087896

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

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

TWC Eighty-Eight Partners, Ltd.

SIGNATURE By: TWC Eighty-Eight, Inc. By: *Debra F. Koehler*  
Debra F. Koehler, Senior Vice President

12/23/98  
813/281-8888

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)