2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED May 04, 2004 08:00 AM Secretary of State

DOCUMENT # A9500001299 1. Entity Name TWC EIGHTY-EIGHT PARTNERS, LTD.				Secre	tary of Stat
Principal Place of Business Mailing Address 655 NORTH FRANKLIN STREET, SUITE 2200 655 NORTH FRANKLIN STAMPA, FL 33602 TAMPA, FL 33602			, suite 2200		
Principal Place of Business 3. Mailing Address					
Suite. Apt. #, etc Suite. Apt. #, etc				01292004 Chg-LP CR2E0	003 (10/03)
City & State City & State				4. FEI Number 59-3369946	Applied For Not Applicable
Zip Country	Zip	Coun	itry	3. Contineate of Status Besilied	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name		
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130		İ	Street Address (P.O. Box Number is Not Acceptable)		
			<u> </u>		
MIMINI, FL 33130			City	FL	Zip Code
 The above named entity submits this statement the obligations of registered agent 	of for the purpose of changing	g its register	ed office or register	red agent, or both, in the State of Florida. I am	familiar with and accept
SIGNATURE Signature Typed of printed name of registered a	gent and title if applicable			DATE	
S. Capital Contributions as Shown on record \$100.00	to, Amount of Ca in FLORIDA t		butions #100	,00	
A GENERAL PARTNE	R THAT IS A BUSINESS	ENTITY M	UST BE REGIS	TERED AND ACTIVE WITH THIS OFFIC at must be filed to change a general part	E.
	NER INFORMATION	13.	is all allighteened	ADDRESS CHANGES ON	
DOCUMENT # P94000087896 NAME TWC EIGHTY-EIGHT, INC. STREET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602		STRE	EET ADDRESS		
		CITY	-SI - ZIP		
COMENT #		STRE	EET ADDPESS	00000158929 05/10/04-20009-017 141.25	
STREET ADDRESS CITY-ST-ZIP		CITY	-ST-ZIP	024 104 04 .000000) 01: 111.23
DOCUMENT # NAME STREET ADDRESS		STRE	EET ADDRESS		
CITY-ST-ZIP		CITY	-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS		STAS	ET ADDRESS		
01Y - 51-7IP		CITY	-91-219		
OGGUMENT # NAME STREET ADDRESS		SIRE	SET ADORESS		
CITY-ST-ZIP		GITY	- ST - ZIP		
DOCUMENT # NAME		SIR	EET ADDPESS		
STREET ADDRESS CITY-ST-ZIP			'-SI-ZIP		
14. I hereby certify that the information supplied with this filling 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-Eight Partners, Ltd., By: TWC Eighty-Eight, Inc. SIGNATURE: By: Brando N. Wtorwy (813) 281-8888					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayon & Proces Brenda H. Storey, Chief Financial Officer					