

**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 8:49



**1. Name of Limited Partnership** **1a. DOCUMENT #**  
**A95000002019**

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

**2. Mailing Address:** **Principal Office Address:**  
6200 COURTNEY CAMPBELL CAUSEWAY  
STE. 600  
TAMPA FL 33607  
6200 COURTNEY CAMPBELL CAUSEWAY  
STE. 600  
TAMPA FL 33607

**2a. Principal Office Address:**  
State, Apt. #, etc.  
City & State  
Zip Country

**3. Date Formed or Registered:** 12/22/1995  
**3a. Date of Last Report:** 12/28/1995  
**4. State or Country of Formation:** FL  
**6. FID Number:** 59-3369952  **APPLIED FOR**  
 Applied For  
 Not Applicable  
**7. Certificate of Status Desired:**  \$8.75 Additional Fee Required  
**5a. Capital Contributions as Shown on record:** \$100.00  
**5b. Amount of Capital Contributions to FLORIDA to date:**

**9. Name and Address of Current Registered Agent**  
**B&C CORPORATE SERVICES OF CENTRAL FLORIDA**  
390 N. ORANGE AVE.  
STE. 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, State, Zip Code  
FL

**10a.** Pursuant to the provisions of sections 609.13(1) and 609.13(2), 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). Thereby accept the appointment of registered agent, limited partner(s), and accept the obligations of sections 609.13(1) Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) **DAH**  
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**11. Name 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-TWO, INC. 6200 COURTNEY CAMPBEL TAMPA FL 33607 P94000018058

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

**12.** I certify hereby that the information supplied with this filing voluntarily furnished in it 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)(g) 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 effect as if made under oath. I further certify that I am a General Partner of the limited partnership partnership or trustee or partner in the partnership reported as required by chapter 629, Florida Statutes.

**TWC Eighty-Two, Inc., General Partner**  
SIGNATURE By: *Debra F Koehler* **DAH** 12/06/96  
Debra F. Koehler, Sr. Vice Pres. 813/281-8888  
Type of Partner Name of General Partner Signing Form Daytime Telephone Number

CP25000 (5/95)