


LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A95000002019	
1. Entity Name TWC EIGHTY-TWO PARTNERS, LTD.	

Principal Place of Business 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	Mailing Address 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite Apt. #, etc
City & State	City & State
Zip	Country

01292004 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3369952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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	DATE
<small>Signature, typed or printed name of registered agent and title if applicable</small>	

9. Capital Contributions as Shown on record \$100.00	10. Amount of Capital Contributions in FLORIDA to date \$100.00
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000018058	STREET ADDRESS	
NAME	TWC EIGHTY-TWO, INC.	CITY- ST- ZIP	
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200		
CITY- ST- ZIP	TAMPA, FL 33602		
DOCUMENT #		STREET ADDRESS	1100000158994
NAME		CITY- ST- ZIP	05/10/04-20009-022-141.25
STREET ADDRESS			
CITY- ST- ZIP			
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NAME		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.
TWC Eighty-Two Partners, Ltd., By: TWC Eighty-Two, Inc.

SIGNATURE: By: *Brenda H. Storey* (813) 281-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER, DATE, DISTRICT PHONE #