2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 17, 2006 08:00 AN Secretary of State

DOCUMENT #A9500002019 1. Entity Name TWC EIGHTY-TWO PARTNERS, LTD.			Secretary of State
Principal Place of Business 655 NORTH FRANKLIN STREET, SUITE 220	Mailing Address 0 655 NORTH FRANKL TAMPA, FL 33602	IN STREET, SUITE 2200	
TAMPA, FL 33602 2. Principal Place of Business	3. Mailing Address	<u>**</u>	
		<u></u>	
Suite, Apt #, etc. Suite, Apt			03142006 Chg-LP CR2E003 (11/05)
City & State City & State			4. FEI Number Applied For 59-3369952 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of C	urrent Registered Agent		7. Name and Address of New Registered Agent
		Name	
STOREY, BRENDA H 655 NORTH FRANKLIN STREET, S TAMPA, FL 33602	BUITE 2200	Street Addres	ss (P.O. Box Number is Not Acceptable)
		City	FL Zip Code
The above named entity submits this state.	ment for the purpose of changing	its registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.			
SIGNATURE Signature, typed or printed hairs of register	ed ager" and the k applicable	<u> </u>	DATE
FILE	NOW!!! FEE IS \$500.00)	
After Ma	y 1, 2006, Fee will be \$9	900.00	Lighty Property of the Community of the
A GENERAL PART	NER THAT IS A BUSINESS ITS MAY NOT be changed o	ENTITY MUST BE REG n the form; an amendu	ISTERED AND ACTIVE WITH THIS OFFICE. gent must be filed to change a general partner.
	RTNER INFORMATION	13.	ADDRESS CHANGES ONLY ##
DOCUMENT # P94000018058		STREET ADDRECS	
NAME TWO EIGHTY-TWO, INC.	_		<u> </u>
) 1			100000515778
DOCUMENT #		Cracks topolog	<u> </u>
NAME		STRELT ADDRESS	2.00.00
STREET ADDRESS		CISY-ST-ZIP	
DOCUMENT #			
NAME		STREET ADDRESS	
STREET ADDRESS CITY -ST - ZIP		CHY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADURESS		CHY ST ZIP	
I DOCUMENT #		STREET ADDRESS	
NAME STREET ADDRESS OTHER STATE		CHY-ST ZIP	<u> </u>
CITY-SI-ZIP DOCUMENT # NAME			
NAME STREET ADDRESS	•	STREET ADDRESS	
CITY-ST-ZIP		CITY ST-ZIP	
 indicated on this rened is true and accur: 	ale and that My signature shall be	ave the same legal effect as	sined in Chapter 119, Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership
or the receiver or trustee empowered to e TWC Eighty-Two F By:	execute this report as required by artners, Ltd. By: TWC Eighty	v Chapter 620, Florida Statut y-Two, Inc.	es
SIGNATURE NOWL	YPED OR PRINTED NAME OF SIGNING	GERAURANNIEN.	Date Cayline Priorie
and and and a		felica H. Storey hief Financial Offic	