

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



1. Name of Limited Partnership

1a. DOCUMENT #  
**A97000000105**

**TWC EIGHTY-THREE, LTD.**

Mailing Address

6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 600  
TAMPA FL 33607

Principal Office Address

6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 600  
TAMPA FL 33607

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered

01/13/1997

3a. Date of Last Report

12/22/1997

4. State or Country of Formation

FL

6. FEI Number

59-3455354

7. Certificate of Status Desired

Applied For  
 Not Applicable  
 \$8.75 Additional Fee Required

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

5a. Capital Contributions as Shown on Record

\$50.00

5b. Amount of Capital Contributions in FL Official to date

9. Name and Address of Current Registered Agent

**MCDONOUGH, BRIAN J  
2200 MUSEUM TOWER  
150 W. FLAGLER ST.  
MIAMI FL 33130**

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-THREE PARTNERS, L**

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

**A97000000104**

JAN 5 1999

SECRETARY OF STATE  
-01/27/99 -01067--003  
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**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-Three, Ltd.

By: TWC Eighty-Three, Inc.

SIGNATURE By: TWC Eighty-Three Partners, Ltd. By: *Debra F. Koehler*

DATE 12/23/98

Typed or Printed Name of General Partner Signing Form

Debra F. Koehler, Senior Vice Pres

Daytime Telephone Number

813/281-8888

CR2E003 (8/98)