	MENT # ASSESSED		nı	lobi	\ 	·	***				
DOCUMENT # A9700000105  1. Entity Name						FILED					
TWC Eighty-Three, Ltd.						00 MAY 15 PM 3: 27					
Principal Place of Business 6200 Courtney Campbell Cswy Suite 600 Tampa, FL 33607  Mailing Address 6200 Courtney Campbell Cswy Suite 600 Tampa, FL 33607					SECRETARY OF STATE TALLAHASSEE. FLORIDA						
2. Principal Place of Business 655 North Franklin Street 655 North Fra			klin Street								
Suite Apt. # etc. Suite 2200 Suite 2200						DO NOT WRITE IN THIS SPACE					
City & Stat	City & State Tampa , FL				4. FEI Number Applied For 59 – 3455354 Not Applicable						
Zip 33602	Country Hillsborough	Zip 33602	Cour Hil	<sub>itry</sub> I sboroi	ıah	5. Certificate of Status Desired Sa.75 Additional Fee Required					
	6. Name and Address of Current			Name	4.9	7. Name and	Address of New Re	gistered A	gent		
McDonough Project 1						P.O. Box Number	r is Not Acceptable)				
2200 Museum Tower 150 West Flagler Street											
Miami, FL 33130				City	FL Zip Code					ode	
The above named entity submits this statement for the purpose of changing its registered office or registere.						ed agent, or both	n, in the State of Flori		<u> </u>		
SIGNATURE											
9. Capital Co	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE		h. diago		when reinstating)	11. MAKE CHECK	DATE	TO DEPT	OF STATE	
as Shown	on record. \$50	.00 in FLORIDA to da	ate.		100.		SEE REVERS	SIDE FOR	r fee infi		
	A GENERAL PARTNER T NOTE: General Partners MA	Y NOT be changed on the	ne form	; an amei	ndmeni	t must be filed	I to change a gen	eral part	ner.		
DOCUMENT #	GENERAL PARTNEF A9700000104	13.				ADDRESS CHAN	NGES ONL	<u> </u>			
NAME STREET ADDRESS CITY-ST-ZIP	TWC Eighty-Three Partners, Ltd. 6200 Courtney Campbell Cswy Ste 600			EET ADORESS '- ST-ZIP		655 North Franklin Street, Suite 2200 Tampa, FL 33602					
DOCUMENT /	Tampa, Fl. 33607		STRI	EET ADDRESS	•			_			
NAME STREET ADDRESS				'-ST-ZIP		<del>800003251938 5</del> -05/15/0001015030 ****193.75 ****141.25					
DOCUMENT #											
NAME			STR	EET ADDRESS		·					
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP							
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NAME STREET ADDRESS CITY-ST-ZIP			City	'-ST-ZIP	•		-				
DOCUMENT /			STR	EET ADORESS		_*· ·					
NAME STREET ADDRESS CITY-ST-ZIP			СІТУ	-ST-ZIP		<u> </u>		<u> </u>			
indicated	I.  certify that the information supplied with don this report is true and accurate and ver or trustee empowered to execute thi	that my signature shall have t	the sam	e legal effec	ct as it m	ction 119.07(3)(i ade under oath;	), Florida Statutes. I f that I am a General	urther certi Partner of t	ify that the	information partnership or	
TWC Eigh	hty-Three, Ltd. By: T F <b>URE</b> : <u>By:</u>	WC Eighty-Three	Part	tners,	Ltd.	By: TWC	Eighty-Thro	ee, In ) 281-	c. 8888		
	PICNATURE AND TYPED OF	PRINTED NAME OF SIGNING GENERAL SENTO	AL PARTHI	e Pres	siden	t	Date		iytime Phone i		

Date No