

2001 UNIFORM BUSINESS REPORT (UBR)

0009063 AF

DOCUMENT # A97000001938

1. Entity Name

TWC EIGHTY-FOUR PARTNERS, LTD.

FILED

01 MAY -1 PM 5:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

MJH

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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3503804	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

**MCDONOUGH, BRIAN J
STEARNS WEAVER MILLER WESSLER ALHADEFF
150 W. FLATLER ST., MUSEUM TOWER STE. 2200
MIAMI FL 33130**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P94000021545 TWC EIGHTY-FOUR, INC. 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA FL 33602
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300004274623--7 -05/21/01--01167--005 ****141.25 ****141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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-Four Partners, Ltd. By: TWC Eighty-Four, Inc.

SIGNATURE: By: Debra F. Koehler, Senior Vice President *Debra F. Koehler* **4/27/01** **(813) 281-8888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date Daytime Phone #

CR2E003 (11/00)