## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## **FILED** Apr 17, 2006 08:00 AN

DOCUMENT # A9700001938  1. Entity Name TWC EIGHTY-FOUR PARTNERS, LTD.					Secretary of State			
Procipal Place of B 655 NORTH FRAN TAMPA, FL 33602	KLIN STREET, SUITE 2200	Mailing Address 655 NORTH FRANI - TAMPA, FL 33602		, SUITE 2200	f shuffusi inicu		iy Main #atai	
2. Principal Place o	of Business	3. Mailing Address	<u></u>	<u>-i -i -</u>				
Suite, Apt #, etc		Suite, Apt #, etc	Suite, Apt. #, etc.		03142006	Chg-LP	CR2E	003 (11/05)
City & State		City & State	City & State		4. FEI Numbe 59-3503			Applied For Not Applicable
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		\$8.75 Additional Fee Required
6.	Name and Address of Current	Registered Agent		Name	7. Name and	Address of New F	Registered	Agent
STOREY, BRE 655 NORTH FF TAMPA, FL 33	RANKLIN STREET, SUITE	E 2200			P.O. Box Numbe	r is Not Acceptable	e) :	
				City			FI	Zip Code
8. The above name	ed entity submits this statement to	r the purpose of changin	ng its registere	ed office or register	ed agent, or both	n, in the State of Fk		familiar with, and accept
the obligations o	f registered agent							
SIGNATURE	re typed or printed name of registered again	and tide if applicable.		1	· · · · · · · · · · · · · · · · · · ·	<u> </u>	DATE	*
	After May 1, 2	V!!! FEE IS \$500.0 2006, Fee will be \$	\$900.00				<del></del>	
	A GENERAL PARTNER 1 OTE: General Partners MA	THAT IS A BUSINESS Y NOT be changed to	S ENTITY M on the form	UST BE REGIS' ; an amendmer	FERED AND A It must be file	CTIVE WITH TH d to change a g	llS OFFIC eneral pa	CE. artner.
12.	GENERAL PARTNE		13.			ADDRESS CH		
NAME TWO	000021545 C EIGHTY-FOUR, INC. NORTH FRANKLIN STREE'	T, SUITE 2200		ET ATIDRESS			·	
DOCUMENT /	IPA, FL 33602			ET ADDRESS		<u> </u>	05 <b>15</b> 81	ja 6-009 500.00
NAME STREET ADDRESS				-SI-ZIP	<u> </u>	04725796	-6022	p-1113 200.00
CITY - ST - ZIP  DOCUMENT #				et aduress		· · · · · · · · · · · · · · · · · · ·		
NAME SIREET ADDRESS CITY - ST- ZIP				-SI -ZIP			<u> </u>	
DOCUMENT #			SIRE	ET ADDRESS			· · ·	· •
STREET ADDRESS City St Zip			CITY	ST-ZIF	<u></u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
DOCUMENT # NAME			STREE	ET ADDRESS	<u> </u>			
STREET ADDRESS CITY - ST - ZIP		»a	CITY	SI ZIP				T . Maya
DOCUMENT # NAME			SIRE	et address.				
STREET ADDRESS City St-Zip			CHY	ST-ZIP			<u>1</u>	v <u>v <del>s</del></u>
14. I hereby certify indicated on this or the receiver of	that the information supplied wit s report is true and accurate and or trustee empowered to execute TWC Eighty-Fou	h this filing does not qua that my signature shall h this report as required b r Partners, Ltd. By: T	alify for the ex have the same ty Chapter 620 WC Eighty-1	emptions containe legal effect as if n Florida Statutes our, inc.	d in Chapter 119 nade under oath;	, Florida Statutes. that I am a Gener	I further or ral Partner	ertily that the information of the limited partnership
SIGNATUR	E: By: Bro	de N.X	SLE	<u></u>	APR	1 0 2006		281-8888
	SIGNATURE AND TYPED OF	<del></del>	Financial	b Officer		Date		Daytime Phone #