`20ປົ7 LIMITED PARTNERSHIP ANNUAL REPORTDue By May 1, 2007

STAPLE CHECK HERE

FILED Apr 27, 2007 08:00 AM Secretary of State

and the state of t	
Principal Place of Business 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 Mailing Address 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 TAMPA, FL 33602	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address	
Surte. Apt. #, etc Suite, Apt. #, etc. 04042007 Chg-LP CR2E003 (12/06)	
City & State City & State 4. FEI Number Appfied 59-3503804 Not App	
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name	
STOREY, BRENDA H 655 NORTH FRANKLIN STREET, SUITE 2200 Street Address (P.O. Box Number is Not Acceptable)	
TAMPA, FL 33602	
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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE	_
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	
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 13. ADDRESS CHANGES ONLY	
DOCUMENT / P94000021545 NAME TWC EIGHTY-FOUR, INC. STREET ADDRESS U10000739286	-0.0
STREET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200 CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS	
STRILET ADDRESS CITY-ST-ZIP	
DOCUMENT # STREET ADDRESS STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
DOCUMENT # NAMF STREET ADDRESS	
STREEI ADDRESS CITY-S1-ZIP CITY-S1-ZIP	
COCUMENT # STREET ADDRESS NAME	
STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
DOCUMENT # STREET ADDRESS NAME STREET ADDRESS	
STR-EFADDRESS CHY-ST-ZIP CHY-ST-ZIP	
14. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 emprovered to execute this report as required by Chapter 620, Florida Statutes TWC Eighty-Four Partners, Ltd. By: TWC Eighty-Four, Inc. APR 1 9 2007 SIGNATURE: By: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Daytone Photo # Brenda H. Storey Chief Financial Officer	