2000 UNIFORM BUSI	NESS REPOR	T (UBR)		
DOCUMENT # A990000007  1. Entity Name TWC Sixty-Eight, L	39 A 990	00000	739  SECRETARY OF S  DIVISION OF CORPO	STATE. RATIONS
Principal Place of Business 6200 Courtney Campbell Cswy Suite 600 Tampa, FL 33607  Mailing Address 6200 Courtney Cam Suite 600 Tampa, FL 33607		mpbell Cswy	00 JAN 24 PM 4	<b>+ 0</b> 5
2. Principal Place of Business 655 N. Franklin St.	Principal Place of Business 655 N. Franklin St. 3. Mailing Address 655 N. Franklin St.		_	·
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 2200		DO NOT WRITE IN THIS SPACE	
Suite 2200 City & State	City & State		4. FEI Number 59–3576336	Applied For Not Applicable
Tampa, FL Zip Country 33602 USA		Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current I	<u></u>	J	7. Name and Address of New Registers	
Brian J. McDonough 150 W. Flagler Street Suite 2200 Miami, FL 33130		Name  Street Address (P.O. Box Number is Not Acceptable)		
,		City		Zip Code
8. The above named entity submits this statement for SIGNATURE  Signature, typed or printed name of registered agent a gent as Shown on record. \$50.00  A GENERAL PARTNER T	10. Amount of Capital Cin FLORIDA to date.	pistered Agent signature required pontributions  Y MUST BE REGIS	d when reinstating)  11. MAKE CHECK PAYA SEE REVERSE SIDE TERED AND ACTIVE WITH THIS OFF	BLE TO DEPT. OF STATES FOR FEE INFORMATION
NOTE: General Partners MAY NOT be changed on the form;  12. GENERAL PARTNER INFORMATION 13.			ADDRESS CHANGES	ONLY
DOCUMENT # A99000000738 TWC Sixty-Eight Partners, Ltd. SIREET ADDRESS 6200 Courtney Campbell Cswy, #600 CITY-ST-ZIP Tampa, FL 33607			655 N. Franklin Street, Suite 2200 Tampa, FL 33602	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS  CITY-ST-2IP	<del>6000031</del> 7 -02/02/00 ****158.	•14962 01101010 00_****150.00
DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP		STREET ADDRESS  CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS  CITY-ST-ZIP	n/	
DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP		STREET ADDRESS  CITY-ST-ZIP		
DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP		STREET ADDRESS  City-St-ZIP	1101	
14. I hereby certify that the information supplied with indicated on this report is true and accurate and the receiver or trustee empowered to execute the TWC Sixty-Eight, Ltd. By:  SIGNATURE:  By:  By:  By:  By:  By:  By:  By:  B	n this filing does not qualify for the tract my signature shall have the is report as required by Chapter WC Sixty-Eight Pa	rtners, Ltd.	By: TWC Sixty-Eight	