

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

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

**DOCUMENT # A99000000739**

1. Entity Name  
**TWC SIXTY-EIGHT, LTD.**



Principal Place of Business  
**655 NORTH FRANKLIN ST., SUITE 2200**  
**TAMPA, FL 33602**

Mailing Address  
**655 NORTH FRANKLIN ST., SUITE 2200**  
**TAMPA, FL 33602**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032007

Chg-LP

CR2E003 (12/06)

4. FEI Number  
**59-3576336**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**STOREY, BRENDA H**  
**655 NORTH FRANKLIN ST., SUITE 2200**  
**TAMPA, FL 33602**

**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. 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**

DOCUMENT # **A99000000738**  
 NAME **TWC SIXTY-EIGHT PARTNERS, LTD.**  
 STREET ADDRESS **655 NORTH FRANKLIN ST., SUITE 2200**  
 CITY-ST-ZIP **TAMPA, FL 33602**

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

**000000739321**  
**05/14/07-80021-024 500.00**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 empowered to execute the report as required by Chapter 620, Florida Statutes.

By: **TWC Sixty-Eight, Inc. By: TWC Sixty-Eight Partners, Ltd.**

By: **TWC Sixty-Eight, Inc.**

SIGNATURE:

By

*Brenda H. Storey*

**4/19/07**

Date

Day:mo:year #

**Brenda H. Storey**  
**Chief Financial Officer**

STAPLE CHECK HERE