

**2018 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000000408

**Entity Name:** TWC EIGHTY-TWO, LTD.

**Current Principal Place of Business:**

655 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA, FL 33602

**Current Mailing Address:**

655 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA, FL 33602

**FEI Number:** 59-3232406

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILSON, CAROLYN M  
655 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA, FL 33602 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**General Partner Detail :**

Document # A95000002019  
Name TWC EIGHTY-TWO PARTNERS, LTD.  
Address 655 NORTH FRANKLIN STREET,  
SUITE 2200  
City-State-Zip: TAMPA FL 33602

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROLYN WILSON

**PRESIDENT**

**04/17/2018**

\_\_\_\_\_ Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date