

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000000409

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

**Current Principal Place of Business:**

655 N. FRANKLIN ST., SUITE 2200  
TAMPA, FL 33602

**Current Mailing Address:**

655 N. FRANKLIN ST., SUITE 2200  
TAMPA, FL 33602

**FEI Number:** 59-3232409

**Certificate of Status Desired:** No

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

WILSON, CAROLYN M  
655 N. FRANKLIN ST., 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 # A97000001938  
Name TWC EIGHTY-FOUR PARTNERS, LTD.  
Address 655 N. FRANKLIN ST., 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:** TWC EIGHTY-FOUR PARTNERS, LTD

03/19/2014

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

\_\_\_\_\_ Date