

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000452 AV

DOCUMENT # A02000000130

1. Entity Name  
TWC THIRTY-THREE, LTD.



FILED  
03 APR 30 AM 5:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
655 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA FL 33602

Mailing Address  
655 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number

80-0037565

Applied For

Not Applicable

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

MCDONOUGH, BRIAN J  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI FL 33130

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

9. Capital Contributions  
as Shown on record.

\$100.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # A02000000129  
NAME TWC THIRTY-THREE PARTNERS, LTD.  
STREET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200  
CITY-ST-ZIP TAMPA FL 33602

STREET ADDRESS

CITY-ST-ZIP

04/30/03--01065--014 \*\*141.25

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DOCUMENT #  
NAME  
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 exemption stated in Section 119.07(3)(i), 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 this report as required by Chapter 620, Florida Statutes.

SIGNATURE: By: SIGNATURE

4/21/03

(813) 281-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Debra E. Koehler Senior Vice President

Date

Daytime Phone #

CR2EQ03 (10/02)