2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

	_ <del></del>	May 1, 2003		<del>,</del>	7	,_	11 60	
DOCUMENT # A9400000410  1. Entity Name TWC EIGHTY-SIX, LTD.					FILED  2005 APR 29 PM 2: 01  SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address 655 NORTH FRANKLIN STREET, SUITE 2200 655 NORTH FRANKLIN S TAMPA, FL 33602 TAMPA, FL 33602			N STREET	, SUITE 2200	-	TALLAHA	SSEE. F	LÖRIÐA
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.		03092005	Chg-LP	CR2E00	3 (10/03)	
City & State		City & State			4. FEI Number 59-32324	112		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of			8.75 Additional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
MCDONOUG 2200 MUSEU			Street Address (P.O. Box Number is Not Acceptable)					
150 WEST FLAGLER STREET MIAMI, FL 33130					Brenda H. Storey			
WIPAWII, I E OC				I. Franklin Str. oa, FL 33602	eet, Suite 22	00	Zip Code	
	med entity submits this statement for	or the purpose of changing it	s register			in the State of Flo		I miliar with, and accept
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and their applicability.						<b></b>	4) IS	5/05
9. Capital Contrib as Shown on r		10. Amount of Capi in FLORIDA to	ital Contril date. 🏽 🐧	butions 9,514,20	02.00			
	A GENERAL PARTNER NOTE: General Partners Ma							
12. GENERAL PARTNER INFORMATION 13.  DOCUMENT / A9500002012							ANGES ONLY	<del>,                                    </del>
NAME TV	TWC EIGHTY-SIX PARTNERS, LTD.			EET ADDRESS			•	
1 1	AMPA, FL 33602			r-ST-ZIP		-		Management of the state of the
NAME STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP DOCUMENT			CTTY	r-ST-ZIP				
NAME STREET ADDRESS			STRI	EET ADDRESS				
CITY-ST-ZIP		C		(-\$T-ZIP	40 	)0055 /050107	150: 7024	394 ***528.25
NAME CERTAL ADDRESS			STR	EET ADDRESS				
STREET ADDRESS CITY+ST-ZIP			CITY	r-ST-ZIP				
DOCUMENT # NAME			STR	EET ADORESS				
STREET ADDRESS CITY+S1-ZIP			CITY	r-ST-ZIP				
DOCUMENT # NAME		* * * * * * * * * * * * * * * * * * * *	STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	(-ST-ZIP		,		
14. I hereby certificated on the receiver of	ify that the information supplied wit this report is true and accurate and or trustee worth trustees and accurate and	th this filling does not qualify to that my signature shall have in the two taging to the thick	or the exe e the sam gter 620,	emption stated in S e legal effect as if Florida Statutes	ection 119.07(3)(i), made under oath; t	Florida Statutes hat I am a Genera	I further certifial Partner of ti	ly that the information ne limited partnership or
SIGNATU	By: TWC Eighty-Six, Inc	la X Stan				4/15/0	5	
	SIGNATURE AND TYPED C	IR PRINTED NAME OF SIGNING GENE	CI CI	enda H. Stor nief Financia	ey l Officer	Dire	Day	rtime Phone #