## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## FILED Apr 17, 2006-08:00-AN Secretary of State

DOCUMENT # A9400000410  1. Entity Name TWC EIGHTY-SIX, LTD.					Secretary of State	
Principal Plac	e of Business	Mailing Address	·····	<u> </u>		
1 `	FRANKLIN STREET, SUITE 2200	655 NORTH FRANKL TAMPA, FL 33602	.IN STREET	, SUITE 2200 _		
Principal Place of Business     3. Mailing Addr		3. Mailing Address	ng Address			
Suite, Apt. #, etc.		Suite, Apt #, etc			03142006 Chg-LP CR2E003 (11/05)	
City & State		City & State			4. FEI Number Applied For 59-3232412 Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
STOREY	STOREY, BRENDA H				Name	
655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602				Street Address (P.O. Box Number is Not Acceptable)		
				City	FL Zip Code	
8. The above	named entity submits this statement ions of registered agent.	for the purpose of changing	its register	ed office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE :		· -		- -	<u> </u>	
	Signature, typed or printed name of registered age	nt and trie if applicable.			DATE	
	FILE NO After May 1.	WI!! FEE IS \$500.00 2006, Fee will be \$9	00.00			
	A GENERAL PARTNER	THAT IS A BUSINESS E	ENTITY M	UST BE REGIST	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
12.	GENERAL PARTN		13.	,	ADDRESS CHANGES ONLY	
DOCUMENT #	A95000002012			ET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP	TWC EIGHTY-SIX PARTNERS, LTD. 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602			-ST-ZIP		
DOCUMENT#	7,7,7 2 3332		STRE	ET ADDRESS	<u> </u>	
STREET ADDRESS  CITY-ST-ZIP			CITY	-ST ZIP	. <u>U</u> QQQQ0515807	
DOCUMENT #		*	STRE	ET ADDRESS	04/29/06-80226-010 500.00	
STREET ADDRESS CITY - ST - ZIP			CITY	· ST · ZIP		
DOCUMENT #			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP DOCUMENT #			CITY	·\$1-2IP		
OOCUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS		
			City	-S1-ZIP		
DOCUMENT #			STRE	ET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			لــــ	-S1-ZIP		
14. I hereby of indicated or the reco	eiver or trustee empowered to execut TWC Eighty-Six, Ltd. By	d that my signature shall have this report as required by C TWC Eighty-Six Partners	y for the ex ve the same Chapter 620 s, Ltd.	emptions contained legal effect as if m D, Florida Statutes	of in Chapter 119, Florida Statutes. I lurther certify that the information hade under oath, that I am a General Partner of the limited partnership APR 10 2006	
SIGNAT	By: TWC Eighty-Six, Ir URE: Dy:	R PRINTED NAME OF SIGNING GENE	M Z	Slan	813 - 281-8888 Date Bayling Phone #	