

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

JAN -5 PM 4:30

SECRETARY OF STATE
TAMPA, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A96000000841

TWC FIFTY-FIVE, LTD.

Mailing Address

6200 COURTNEY CAMPBELL CAUSEWAY, #600
TAMPA FL 33607

Principal Office Address

6200 COURTNEY CAMPBELL CAUSEWAY, #600
TAMPA FL 33607

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered

05/02/1996

3a. Date of Last Report

12/22/1997

4. State or Country of Formation

FL

6. FEI Number

59-3385636

7. Certificate of Status Desired

5a. Capital Contributions as
Shown on record

~~\$1,248,000.00~~
\$1,235,520

5b. Amount of Capital
Contributions in FL OR DA
to date

☐ Applied For
☐ Not Applicable

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

MITCHELL, STEPHEN J
201 N. FRANKLIN STREET, SUITE 2100
TAMPA FL 33602

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent/Office

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership, organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

TWC FIFTY-FIVE, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

6200 COURTNEY CAMPBELL

11b. City, State & Zip Code

TAMPA FL 33607

11c. Registration
Document Number

P96000038139

500002756465-1
-01/27/98-01063-022
****526.25 ****526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

TWC Fifty-Five, Ltd.

SIGNATURE By: TWC Fifty-Five, Inc. By: Debra F. Koehler, Senior Vice President

DATE 12/28/98
813/281-8888

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)