

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000841

1. Entity Name
TWC FIFTY-FIVE, LTD.



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

City & State

City & State

Zip

Country

Zip

Country

01292004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3385636

Applied For
Not Applicable

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

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

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 **\$1,248,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$1,248,000.00**

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
DOCUMENT # **P96000038139**
NAME **TWC FIFTY-FIVE, INC.**
STREET ADDRESS **655 NORTH FRANKLIN STREET, SUITE 2200**
CITY - ST - ZIP **TAMPA, FL 33602**

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

000000159548
05/10/04-80035-003 526.25

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:

Brenda H. Storey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/04

DATE

Daytime Phone #