

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

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

01192005 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
Brenda H. Storey

Street Address (P.O. Box Number is Not Acceptable)
655 N. Franklin Street

Suite 2200

City

FL

Zip Code
33602

Tampa

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

Brenda H. Storey

4-15-05

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

13. ADDRESS CHANGES ONLY

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

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

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

4-15-05

813-2818008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Brenda H. Storey
Chief Financial Officer

Date

Daytime Phone #

STAPLE CHECK HERE

FILED
05 APR 29 PM 5:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

