

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004366 AV

DOCUMENT # A96000000841

1. Entity Name
TWC FIFTY-FIVE, LTD.



FILED

03 APR 29 AM 8:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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

4. FEI Number 59-3385636

Applied For

Not Applicable

Zip

Country

Zip

Country

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. \$346,618.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

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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

TWC Fifty-Five, Ltd. By: Fifty-Five Partners, Ltd. By: TWC Fifty-Five, Inc.

SIGNATURE: By: SIGNATURE

(813) 281-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Debra E. Koehler, Senior Vice President

Date

Daytime Phone #

CR2E003 (10/02)