## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700000105  1. Entity Name						FILED	
TWC EIGHTY-THREE, LTD.					01 MAY -1 PM 5:31		
Principal Place of Business Mailing Address 655 N. FRANKLIN ST., SUITE 2200 655 N. FRANKLIN ST., SUIT TAMPA FL 33602 TAMPA FL 33602				LITE 2200	)	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	·						
Principal Place of Business     Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE	
City & State City & State			City & State			4. FEI Number 59-3455354 Applied For Not Applied by	
Zip Country		Zip	Cour	ntry	5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent	
MCDONOUGH, BRIAN J					Street Address (P.O. Box Number is Not Acceptable)		
2200 MUSEUM TOWER							
150 W. FLAGLER ST. MIAMI FL 33130					City	FL Zip Code	
8. The above	e named entit	y submits this statement fo	or the purpose of changing it	ε register	ed office or registe	ered agent, or both, in the State of Florida.	
		or printed name of registered agent			ed Agent signature require	ed when reinstating)  DATE  11. MAKE CHECK PAYABLE TO DEPT. OF STATE   11. MAKE CHECK PAYABLE TO DEPT. OF STATE   11. MAKE CHECK PAYABLE TO DEPT. OF STATE   12. DATE	
9. Capital Co as Shown	on record.	\$100.00	10. Amount of Capi in FLORIDA to o	cate.		SEE REVERSE SIDE FOR FEE INFORMATION	
	A · NOTE	GENERAL PARTNER 1 : General Partners MA	THAT IS A BUSINESS EN AY NOT be changed on t	N TITY M t⊨e form	IUST BE REGIS 1; an amendmei	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	40700000	GENERAL PARTNE	RINFORMATION	13.	-	ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS	A9700000104 TWC EIGHTY-THREE PARTNERS, LTD.  655 N. FRANKLIN ST., SUITE 2200 TAMPA FL 33602				EET ADDRESS  /- ST-ZIP	e000042746168	
CITY-ST-ZIP DOCUMENT #	IAMPA FL	33002		стр	EET ADORESS	6000042746168 -05/21/0101167003 ****141.25 ****141.25	
NAME Street address						**************************************	
CITY-ST-ZIP	-			CITY	r-ST-ZIP		
DOCUMENT # NAME				STR	EET ADDRESS		
STREET ADDRESS City-St-Zip				CITY	Y-ST-ZIP		
DOCUMENT #				STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	Y-ST-ZIP		
DOCUMENT #		***************************************		STR	EET ADDRESS		
STREET ADDRESS				CITY	(-ST-ZIP		
DOCUMENT #	1			STR	EET ADORESS		
NAME STREET ADDRESS CITY-ST-ZIP				CITY	Y-ST-ZIP		
the receiv	ver or trustee	empowered to execute th	is report as required by Chai	r er b∠u,	Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership o	
I WU E SIGNAT	ingney-1	y: SIGNADA	De Proce	le )	artners,	Ltd. By: TWC Fighty-Three, Inc.	