2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 17, 2006 08:00 AN Secretary of State

DOCUMENT # A9700000105 1. Entity Name TWC EIGHTY-THREE, LTD.				Secretary of Sta				
1 '	e of Business IKLIN ST., SUITE 2200 33602	Mailing Address 655 N. FRANKLI TAMPA, FL 336		200				
2. Principal F	Principal Place of Business 3. Mailing Address			<u></u>				
Suite, Apt. #, etc. Suite, Apt. #, etc			C.			Chg-LP	CR2E0	03 (11/05)
City & State		City & State			4. FEI Number 59-3455			Applied For Not Applicable
Zip	Country	Zip	Соип	·		f Status Desired		\$8.75 Additional Fea Required
	6. Name and Address of Cu	rrent Registered Agent		Name	7. Name and A	Address of New I	Registered A	Agent
	BRENDA H ANKLIN ST., SUITE 2200			Street Address (P.O. Box Number	is Not Acceptab	le)	-
IAIVIFA, F	L 33002							· · · · · · · · · · · · · · · · · · ·
				City			- FL	Zip Code
	named entity submits this statem tions of registered agent.	ent for the purpose of chan	iging its register	ed office or register	ed agent, or both	, in the State of F	lorida. I am i	amiliar with, and accept
SIGNATURE	Signature, typed or printed name of registere	i agent and life if applicable.		<u> </u>	A Legal A		DATE	
12.	A GENERAL PARTN NOTE: General Partner	1, 2006, Fee will be ER THAT IS A BUSINE S MAY NOT be change TINER INFORMATION	SS ENTITY M	UST BE REGIST 1; an amendmer	ERED AND A	TIVE WITH TI to change a c	eneral par	tner.
DOCUMENT # NAME	A97000000104 TWC EIGHTY-THREE PAR	TNERS, LTD.	STRI	ELT ADDRESS			s	
STREET ADDRESS CITY-ST-ZIP	655 N. FRANKLIN ST., SUI TAMPA, FL 33602	TE 2200	CITY	-SI-ZIP		110000 04/29/06	0515783 -80228	006 500.00
DOCUMENT # NAME STREET ADDRESS			SIRI	ET ADDRESS			<u></u>	
CITY-ST-ZIP			City	- ST- ZIP				· · · · · · · · · · · · · · · · · · ·
DOCUMENT # NAME STREET ADDRESS			1	ST-ZIP		<u> </u>	<u> </u>	
CITY - ST - ZIP DOCUMENT #				SET ADDRESS				
NAME STREET ADDRESS			l	-SI-ZIP				<u> </u>
DOCUMENT #			SIRI	LET ADDRESS				
STREET ADDRESS			CITY	-SI-ZIP				
DOCUMENT #			STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
14. I hereby indicated or the re-	certify that the information supplified on this report is true and accural ceiver or trustee empowered to extend the Eighty-Thirde, By: TWC Eighty-Th	e and that my signature sh ecute this report as require Ltd. By: TWC Eighty-Th	qualify for the e all have the sam of by Chapter 62 aree Partners, L	xemptions contains e legal effect as il r to, Florida Statutes td.	nade under oath;	that I am a Gene	eral Partner o	f the limited partnership
SIGNAT	TIPE No. X	Sunda N.	Slom	 	طرر	· · · · · · · · · · · · · · · · · · ·		-281-8888
	SIGNATURE AND TY	PED OR PRINTED NAME OF SIGNIN	Chief E:	nancial Office	**	Date	C	aytime Phone #