## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE CHECK HERE

## FILED Apr 27, 2007 08:00 AM Secretary of State

DOCUMENT # A9700000105  1. Enlity Name TWC EIGHTY-THREE, LTD.					Secretary of St	ate
Principal Place of Business Mailing Address 655 N. FRANKLIN ST., SUITE 2200 655 N. FRANKLIN ST., TAMPA, FL 33602 TAMPA, FL 33602			SUITE 2	200		
Principal Place of Business - No P.O. Box # 3, Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt #, etc.			04042007 Chg-LP CR2E003 (12/06)	
City & State		City & State		···	4. FEI Number         Applied For           59-3455354         Not Applicab	le
Zip	Country	Ζιρ	Cour	ntry	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent		Name	7. Name and Address of New Registered Agent	
STOREY, BRENDA H 655 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602				Street Address	(P.O. Box Number is Not Acceptable)	
I AWIFA, I	L 33002					_
R The should	posted out to a special this state asset for			City	FL Zip Code	_
the obligat	named entry submits this statement for lions of registered agent.	the purpose of changing its	register	ed office or registe	ared agent, or both, in the State of Florida. I am familiar with, and accep	ot
SIGNATURE	Signature, typed or printed name of registered agent a	eldspilgas if applicable			DATE	_
	After May 1, 2	/III FEE IS \$500.00 007, Fee will be \$900				
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on t	ITITY N he forπ	lUST BE REGIS 1; an amendmei	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
12.	GENERAL PARTNER	INFORMATION	13.		ADDRESS CHANGES ONLY	$\blacksquare$
NAME	TWC EIGHTY-THREE PARTNERS, LTD.			LEI ADDRESS		-0.0
STREET ADDRESS CHY-ST-ZIP	IIY-ST-ZIP TAMPA, FL 33602		CITY-ST-ZIP		03/14/01-00021-003 300	. 00
DOCUMENT / NAME			STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS			STRE	EET ADURESS		_
CITY-ST-ZIP		Was-++ Mills +	CITY	'-S1 - ZIP		_
DOCUMENT / NAME STREET ADDRESS			STRE	EE1 AODRESS		_
CHY+SI-ZIP			CITY	-ST-ZIP	The state of the s	
DOCUMENT #  NAME  STREET ADDRESS			SIRE	LET ADDRESS	And the fall of th	4
CITY-SI-ZIP			CHY	-ST ZIP		
DOCUMENT / NAME STREET ADDRESS			STRE	ET ADDRESS		_
CHY-ST-ZIP		NV		-ST-ZIP		
14. I hereby of indicated or the rec	on this report is true and accurate and i eiver or truetime Eighty-Thies, Eid!	that my signature shall have lys 1900 Eighty-1916 Pai	or the extine same apter 62 rtners, E	kemptions containe e legal effect as if r Od <sup>F</sup> lorida Statutes	ed in Chapter 119, Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership	5
SIGNAT	By: TWC Eighty-Three, In	Brenda X	1.1	Storm	4/19/07	
	SIGNATURE AND TYPED OR Brenda H. Store	PRINTED NAME OF SIGNING GENERAL	AL PARTNE	ER 🐧	Date Daytine Proce #	
	Chief Financial	Officer				