


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership TWC EIGHTY-FIVE PARTNERS, LTD.		1a. DOCUMENT # A97000001175	
Mailing Address 6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600 TAMPA FL 33607		Principal Office Address 6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600 TAMPA FL 33607	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 05/27/1997		5a. Capital Contributions as Shown on record \$50.00	
3a. Date of Last Report 12/22/1997		5b. Amount of Capital Contributions in FICR(DA) to date	
4. State or Country of Formation FL		6. FIC Number 59-3455348	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to Dept. of State (See reverse side for information)	
9. Name and Address of Current Registered Agent MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130		10. If changed from Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s) TWC EIGHTY-FIVE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6200 COURTNEY CAMPBELL	11b. City, State & Zip Code TAMPA FL 33607	11c. Registration Document Number P97000046728
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. TWC Eighty-Five Partners, Ltd. SIGNATURE By: TWC Eighty-Five, Inc. By: <i>Debra F. Koehler</i> Debra F. Koehler, Senior Vice President Typed or Printed Name of General Partner Signing Form _____ DATE 12/23/98 Daytime Telephone Number 813/281-8888			

CR2E003 (8/98)