

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 22 PM 1:53

**1.** Name of Limited Partnership  
**1a.** DOCUMENT #  
A97000001920

TWC Eighty-Nine Partners, Ltd.

**2.** Mailing Address  
6200 Courtney Campbell Causeway, Suite 600  
Tampa, Florida 33607

**2a.** Principal Office Address  
6200 Courtney Campbell Causeway, Suite 600  
Tampa, Florida 33607

**3.** Date Formed or Registered  
9/5/97

**3a.** Date of Last Report  
N/A

**4.** State or Country of Formation  
FL

**5a.** Capital Contributions as Shown on record  
\$50.00

**5b.** Amount of Capital Contributions in FLORIDA to date

**6.** FEI Number  
59-3477739  Applied For  Not Applicable

**7.** Certificate of Status Desired  \$8.75 Additional Fee Required

**8.** Make check payable to: Dept. of State (See reverse side for fee information)

**2.** Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**2a.** Principal Office Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**9.** Name and Address of Current Registered Agent  
Brian J. McDonough  
Stearns Weaver Miller Weissler Alhadeff  
Museum Tower, Suite 2200  
150 West Flagler Street  
Miami, Florida 33130

**10.** If changed, new Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
500002385545--0  
Suite, Apt. #, etc.  
-12730797--01037--018  
City  
\*\*\*\*156.25 \*\*\*\*156.25  
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.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/Document Number
TWC Eighty-Nine, Inc.	6200 Courtney Campbell Causeway, Suite 600	Tampa, Florida 33607	P97000077219

**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.

SIGNATURE By: *Debra F. Koehler* DATE: 12/08/97  
Typed or Printed Name of General Partner Signing Form: Debra F. Koehler, Sr. Vice Pres. Daytime Telephone Number: 813/281-8888

CR2E003 (6/97)