

**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

FILED

09 JAN -5 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership TWC EIGHTY-NINE PARTNERS, LTD.		1a. DOCUMENT # A97000001920	
Mailing Address 6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600 TAMPA FL 33607	Principal Office Address 6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600 TAMPA FL 33607	3. Date Formed or Registered 09/05/1997	
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/22/1997	5a. Capital Contributions as Shown on record \$50.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date
City & State	City & State	6. FEI Number 59-3477739	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Multiple fee payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MCDONOUGH, BRIAN J STEARNS WEAVER MILLER WEISSLER ALHADEFF 150 W. FLAGLER ST., MUSEUM TOWER STE. 2200 MIAMI FL 33130	10. If changed, new 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-NINE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6200 COURTNEY CAMPBEL	11b. City, State, & Zip Code TAMPA FL 33607	11c. Registration/Document Number P97000077219
30000012750523-0 01/27/99-01067-004 ****141.25 ****141.25			

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-Nine Partners, Ltd.
SIGNATURE By: *Debra F. Koehler*
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 18/98