

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001920

1. Entity Name

TWC Eighty-Nine Partners, Ltd.

FILED
00 MAY -4 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6200 Courtney Campbell Cswy
Suite 600
Tampa, FL 33607

Mailing Address

6200 Courtney Campbell Cswy
Suite 600
Tampa, FL 33607

2. Principal Place of Business

655 North Franklin Street
Suite, Apt. #, etc.
Suite 2200
City & State
Tampa, FL
Zip
33602

3. Mailing Address

655 North Franklin Street
Suite, Apt. #, etc.
Suite 2200
City & State
Tampa, FL
Zip
33602

4. FEI Number

59-3477739

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. 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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record.

\$50.00

10. Amount of Capital Contributions in FLORIDA to date.

\$50.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000077219
NAME TWC Eighty-Nine, Inc.
STREET ADDRESS 6200 Courtney Campbell Cswy Ste 600
CITY-ST-ZIP Tampa, FL 33607

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 655 North Franklin Street, Suite 2200
CITY-ST-ZIP Tampa, FL 33602

STREET ADDRESS
CITY-ST-ZIP
1 00003290981 -- 3
-06/15/00--01054--007
****141.25 ****141.25

STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

IWC Eighty-Nine Partners, Ltd. By: TWC Eighty-Nine, Inc.

SIGNATURE: By:

Debra P. Koelner
Debra P. Koelner, Senior Vice President

(813) 281-8888

Date _____ Daytime Phone # _____