2001 UNIFORM BUSINESS REPORT (URB)

ZOOT OTHER DOCKEDO HER CHILL (ODN)						_ FILED			
DOCUMENT # A9700001920 1. Entity Name						01 MAY -1 PM 5: 24			
TWC EIGHTY-NINE PARTNERS, LTD.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Bus 655 NORTH FRANKLIN TAMPA FL 33602	Mailing Address 655 NORTH FRANKLIN \$11 TAMPA FL 33602	655 NORTH FRANKLIN STREET. SUITE 2200							
Principal Place of Business 3. Mailing Address						1610 16111 10011 00111 00111 00111) (1818 181(8 11814 BB() 1 38 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Numbe	4. FEI Number 59-3477739 Applied For Not Applied For		Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate	5. Certificate of Status Desired . \$8.75 Additional Fee Required			
6. N	lame and Address of Current	Registered Agent		_	7. Name and	Address of New Regist	ered Aa	ient	
MCDONOUGH, BRIAN J STEARNS WEAVER MILLER WEISSLER ALHADEFF				Name Street Addre	ss (P.O. Box Number	r is Not Acceptable)			
150 W. FLAGLER ST., MUSEUM TOWER STE. 2200									
MIAMI FL 33130				City		•		Zip Code	
				City			FL	Zip Code	
8. The above named	entity submits this statement for	or the purpose of changing its	reaister	ed office or regi	stered agent, or both	ı, in the State of Florida.			
	,		-3	-	, g ,	,			
SIGNATURE									
					uired when reinstating)		ATE		
9. Capital Contributions as Shown on record. \$50.00		10. Amount of Capit il Co in FLORIDA to a ite.		butions 11. MAKE CHECK PAYABLE TO DEPT, OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
NC		THAT IS A BUSINESS END AY NOT be changed on the						er.	
NOTE: General Partners MAY NOT be changed on till e form; an amendm 12. GENERAL PARTNER INFORMATION 13.						ADDRESS CHANGE			
DOCUMENT # P97000077219			1						
	IGHTY-NINE, INC.		STRE	ET ADDRESS					
	orth Franklin Street, A FL 33602	SUITE 2200	CITY	- ST+ ZIP					
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CITY-ST-ZIP			UIT.	01-78				-	

14. 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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TWC Eighty-Nine, Inc.

DOCUMENT #

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CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

(813) 281-8888