

# 2002 UNIFORM BUSINESS REPORT (UBR)

0005311 AV

DOCUMENT # **A97000001920**

1. Entity Name

**TWC EIGHTY-NINE PARTNERS, LTD.**

**FILED**

**02 MAY -1 PM 5:35**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**655 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA FL 33602**

Mailing Address

**655 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**59-3477739**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONOUGH, BRIAN J  
STEARNS WEAVER MILLER WEISSLER ALHADEFF  
150 W. FLAGLER ST., MUSEUM TOWER STE. 2200  
MIAMI FL 33130**

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

Signature, typed or printed name of registered agent and title if applicable.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000077219**  
NAME **TWC EIGHTY-NINE, INC.**  
STREET ADDRESS **655 NORTH FRANKLIN STREET, SUITE 2200**  
CITY-ST-ZIP **TAMPA FL 33602**

STREET ADDRESS

CITY-ST-ZIP

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**BK**

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CR2E003 (9/01)

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

**TWC Eighty-Nine Partners, Ltd. By: TWC Eighty-Nine, Inc.**  
**SIGNATURE: By: [Signature]**

**4/30/02 813-281-0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER President Date Daytime Phone #