

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001920



1. Entity Name
TWC EIGHTY-NINE PARTNERS, LTD.

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.

City & State

City & State

Zip

Country

Zip

Country

01292004 Chg-LP CR2E003 (10/03)

4. FEI Number

59-3477739

Applied For

Not Applicable

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 WESSLER 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record **\$50.00**

10. Amount of Capital Contributions in FLORIDA to date **\$50.00**

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	STREET ADDRESS	
NAME	TWC EIGHTY-NINE, INC.	CITY - ST - ZIP	
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200		
CITY - ST - ZIP	TAMPA, FL 33602		
DOCUMENT #		STREET ADDRESS	000000158843
NAME		CITY - ST - ZIP	05/10/04-80006-006 141.25
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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
TWC Eighty-Nine Partners, Ltd., By: TWC Eighty-Nine, Inc.

SIGNATURE: By: Brenda H. Storey 4/27/04 (813) 281-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER