2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A97000001920 **DOCUMENT #**

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

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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City & State Country Country Country Country Country Country See To Additional Fee Required To Name and Address of New Registered Agent To Name a	2. Principal Place of Business			3. Mailing Address] 4130	
Same and Address of Current Registered Agent Same and Address of New Registered Agent Street Address of New	Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
S. Certificate of Status Desired For Paquired For Paquir	City & State			City & State			4. FEI Number 59-3477739 Applied For Not Applicable	
MCDONOUGH, BRIAN J STEARNS WEAVER MILLER WEISSLER ALHADEFF 150 W. FLAGLER ST., MUSEUM TOWER STE. 2200 MIAMI FL 33130 City FL Zip Code 1. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with,	Zip	Country Zip		Count	ry			
STEARNS WEAVER MILLER WEISSLER ALHADEFF 150 W. FLAGLER ST., MUSEUM TOWER STE. 2200 MIAMI FL 33130 City FL Zp Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions \$50.00 10. Amount of Capital Contributions In EURIDA to date 8. The above named retity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions \$50.00 10. Amount of Capital Contributions In EURIDA to date 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SERVENSE 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 INC. SIRET ADDRESS OITY-ST-2P TAMPA FL 33802 SIRET ADDRESS OITY-ST-2P ODUMENT I PARTNER STATE TO STATE STREET, SUITE 2200 OITY-ST-2P DOUBLET I PAY STATE STATE STATE STREET ADDRESS OITY-ST-2P DOUBLET I PAY STATE STATE STATE STREET ADDRESS OITY-ST-2P DOUBLET I PAY STATE STATE STATE STATE STREET ADDRESS OITY-ST-2P DOUBLET I PAY STATE STAT	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
STEARNS WEAVER MILLER WEISSLER ALHADEFF 150 W. FLAGLER ST., MUSEUM TOWER STE. 2200 MIAMI FL 33130 City FL Zip Code City F	MODOMONON PRIAM I					Name		
South Sout	,					Street Address (PO, Box Number is Not Acceptable)		
### Page 12 Address City State Page 22 Address Page 23 Address Page 24 Address						,		
8. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or privated name of implicated agent and stile? applicable. 9. Capital Contributions \$50.00 10. Amount of Capital Contributions 11. MAKE, CHECK PAYABLE TO Ft. DEPT. OF STATE as Shown on record. A GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY P97000077219 TWC EIGHTY-NINE, INC. 655 NORTH FRANKLIN STREET, SUITE 200 CITY-ST-ZIP DOCUMENT / ST-ZIP DOCUMENT / ST-ZIP DOCUMENT / ST-ZIP STREET ADDRESS CITY-ST-ZIP DOCUMENT / ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET A	}		MUSEUM TOWER STE.	2200	.			
The obligations of registered agent. SIGNATURE Suparter, Speed or priced name of registered agent entitle I applicable. 9. Capital Contributions as shown on record. 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 filled to change a general partner. 2. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME S	MIAMI FL 33130					City FL Zip Code		
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NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP						utions		
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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, Inc.

SIGNATURE:

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