

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001921

A97000001921

1. Entity Name TWC Eighty-Nine, Ltd.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 24 PM 4: 11

Principal Place of Business Mailing Address
6200 Courtney Campbell Cswy 6200 Courtney Campbell Cswy
Suite 600 Suite 600
Tampa, FL 33607 Tampa, FL 33607

2. Principal Place of Business 3. Mailing Address
655 N. Franklin St. 655 N. Franklin St.

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 2200 Suite 2200

City & State City & State 4. FEI Number Applied For
Tampa, FL Tampa, FL 59-3477742 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33602 USA 33602 USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Brian J. McDonough
150 W. Flagler St.
Suite 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 _____ (NOTE: Registered Agent signature required when reinstating) 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. 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 #	A97000001920	STREET ADDRESS	655 N. Franklin St., Suite 2200
NAME	TWC Eighty-Nine Partners, Ltd.	CITY-ST-ZIP	Tampa, FL 33602
STREET ADDRESS	6200 Courtney Campbell Cswy, #600		
CITY-ST-ZIP	Tampa, FL 33607		
DOCUMENT #		STREET ADDRESS	000003121500-7
NAME		CITY-ST-ZIP	-02/02/00--01101--011
STREET ADDRESS			****150.00 ****150.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	BK
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			1/24
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, Ltd. By: TWC Eighty-Nine Partners, Ltd. By: TWC Eighty-Nine, Inc.
SIGNATURE: By: Dolma F. Proctor 1/21/2000 (813) 281-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone