

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009080 AF

**DOCUMENT # A97000001921**

1. Entity Name

TWC EIGHTY-NINE, LTD.

**FILED**  
 01 JAN 25 PM 1:44  
 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-3477742**  
 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 #	<b>A97000001920</b>	STREET ADDRESS	
NAME	<b>TWC EIGHTY-NINE PARTNERS, LTD.</b>	CITY-ST-ZIP	<b>500003602915--0</b>
STREET ADDRESS	<b>655 NORTH FRANKLIN STREET, SUITE 2200</b>		<b>-01/30/01--01133--011</b>
CITY-ST-ZIP	<b>TAMPA FL 33602</b>		<b>***150.00 ***150.00</b>
DOCUMENT #		STREET ADDRESS	
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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: *Debra F. Koehler* REQUIRED 01-24-01 813.281.8888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
 Debra F. Koehler, Senior Vice President

CR2E003 (11/00)