

2002 UNIFORM BUSINESS REPORT (UBR)

00042 3 AV

DOCUMENT # A97000001921

1. Entity Name
TWC EIGHTY-NINE, LTD.

FILED
02 FEB 19 PM 3 26
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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002

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

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

7. Name and Address of New Registered Agent

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.

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A97000001920 TWC EIGHTY-NINE PARTNERS, LTD. 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA FL 33602
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	900004991829--6
STREET ADDRESS	-02/22/02--01065--016
CITY-ST-ZIP	****150.00 ****150.00
STREET ADDRESS	
CITY-ST-ZIP	BK
STREET ADDRESS	
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., TWC Eighty-Nine, Inc.

SIGNATURE: By: **SIGNATURE** **02.14.02** **813.281.8888**

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

CR2E003 (9/01)

STAPLE CHECK HERE