

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 MAY 11 PM 1:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01292004 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3477742** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DOCUMENT # A97000001921



1. Entity Name  
**TWC EIGHTY-NINE, 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

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

SIGNATURE

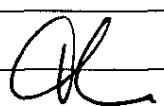
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as shown on record. **3,809,731.52**

10. Amount of Capital Contributions in FLORIDA to date. **3,809,731.52**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	A97000001920 TWC EIGHTY-NINE PARTNERS, LTD. 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	STREET ADDRESS CITY-ST-ZIP	<b>100036053901</b> <b>05/11/04--01039--004 **2276.25</b>
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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, Ltd., By: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

Date

Daytime Phone #

**Brenda H. Storey, Chief Financial Officer**