2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 17, 2006 08:00 AN Secretary of State

DOCUMENT # A9700001921 1. Entity Name TWC EIGHTY-NINE, LTD.						Secretary of State			
4	RTH FRA	f Business ANKLIN STREET, SUITE 2200 102	Mailing Address 655 NORTH FRANKLIN TAMPA, FL 33602	I STREET	, SUITE 2200	וועש ונושש ווושא וופשנ וופשנ פושג פושג פושג א	: 	3800m yyakki ilmisti ki fshi	
2. Princi	pal Plac	e of Business	3. Mailing Address						
Suite,	Apt #,	etc.	Suite, Apt. #, etc.		03142006 Chg-LP	CR2E003	3 (11/05)		
City &	State		City & State		4. FEI Number 59-3477742		Applied For Not Applicable		
Zip	ip Country Zip		Zip.	Coun	etry	5. Certificate of Status Desired		8.75 Additional see Required	
		6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New F	egistered Ag	ent .	
STORI 655 NO	STOREY, BRENDA H 655 NORTH FRANKLIN STREET, SUITE 2200					Street Address (P.O. Box Number is Not Acceptable)			
TAMPA				-			<u>, , , , , , , , , , , , , , , , , , , </u>	7/70	
				-1	City		FL	Zip Code	
		med entity submits this statement for sof registered agent.	the purpose of changing its	s register	ed office or register	red agent, or both, in the State of Flo	orida. I am fai	miliar with, and accept	
SIGNATI	IRE	nature, typed or printed name of registered agent a	and side of months in the		<u> </u>	<u> </u>	DATE		
	519		/III FEE IS \$500.00				DAIE	<u></u>	
	After May 1, 2006, Fee will be \$900,00								
40	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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY							ier.	
DOCUMENT	# A	97000001920	PIOTANIPO-PIN	13.	EET ACORESS	. ADDRESS CA	ANGES ONLY		
NAME STREET ADD CDY-ST-ZII	REEL ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200				r-st-zip	<u> </u>			
DOCUMENT NAME				STR	EET ADDRESS	04/20/0000051	5874	<u> </u>	
STREET ADD				СЛУ	r.ST-ZIP	94/23/05-8 (1 <u>226-021</u>	500.00	
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DOCUMENT NAME	*			STR	EEI ADDRESS	-		<u></u> -	
NAME SIREET ADD CITY-SI-ZII	i			CITY	r·sr-zip			<u> </u>	
STAPLE NAME	<i>t</i>			STR	EE I ADDRESS				
STREET ADD	- 1			CITY	f - \$7 - ZIP		*	پيمري يو ج .	
i indic	ated on	tify that the information supplied will this report is true and accurate and enature sent provided to assecute By: TWC Eighty-Nine, Inc.	that my signature shall have	e the sam	e legal effect as if r	d in Chapter 119, Florida Statutes. nade under oath, that I am a Gene	I further certif ral Partner of t	y that the information he limited partnership	
SIGN	IATU	DE.	Brude X.	Sla				2818888	
		SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING DENIE	Storty.	ER O	Cate	Day	time Phone #	