


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004353 AV

DOCUMENT # A97000001921


1. Entity Name
TWC EIGHTY-NINE, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 12 AM 11:07

W6/3



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		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3477742	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.

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. \$100.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
NAME	TWC EIGHTY-NINE PARTNERS, LTD.	CITY-ST-ZIP	
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200		
CITY-ST-ZIP	TAMPA FL 33602		
DOCUMENT #		STREET ADDRESS	700018689457
NAME		CITY-ST-ZIP	05/12/03--01010--006 **193.75
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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 owner of a trust or a trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: By: Debra P. Koutler **Debra P. Koutler** **President**

Date: 4-30-03 Daytime Phone #: 813-281-8889

STAPLE CHECK HERE

CR2E003 (10/02)