2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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By: TWC Fighty-Seven, Inc.

By:

SIGNATURE:

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AND TYPED ON PRINTED NAME OF SIGNING SEVERAL PARENCIA H. STOREY

Chief Financial Officer

DOCUMENT # A98000002581 2005 APR 29 PM 2: 01 TWC EIGHTY-SEVEN, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 655 N. FRANKLIN ST., SUITE 2200 655 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 03092005 CR2E003 (10/03) Cha-LP City & State City & State 4. FEI Number Applied For 59-3551779 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Γ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDONOUGH, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 2200 MUSEUM TOWER 150 WEST FLAGLER STREET Brenda H. Storey MIAMI, FL 33130 655 N. Franklin Street, Suite 2200 CityTampa, FL 33602 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. ou Signature, typed or printed name of registered agent and title if applicati 9. Capital Contributions 10. Amount of Capital Contributions \$8,820,338.00 as Shown on record. in FLORIDA to date. \$8,820,338 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 ADDRESS CHANGES ONLY 12. A98000002580 DOCUMENT / STREET ADDRESS TWC EIGHTY-SEVEN PARTNERS, LTD. NAME STREET ADDRESS 655 N. FRANKLIN ST., SUITE 2200 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33602 DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 600055150716 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this lifting 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 trusted the property of the limited partnership or the receiver or trusted the property of the limited partnership or the receiver or trusted the property of the limited partnership or the receiver or trusted the property of the limited partnership or the receiver or trusted the property of the limited partnership or the receiver or trusted the property of the limited partnership or the receiver or trusted the property of the limited partnership or the receiver or trusted the property of the limited partnership or the receiver or trusted the property of the limited partnership or the receiver or trusted the property of the limited partnership or the receiver or trusted the property of the limited partnership or the receiver or trusted the property of the limited partnership or the receiver or trusted the property of the limited partnership or the receiver or trusted the property of the limited partnership or the receiver or trusted the property of the receiver or trusted the property of the property

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