2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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	1. Entity Name	MENT # A9900000 ry-eight partners, l					105 APR 29	PM				
L						VIE		5	CECRETARY LLAHASSI	OF_	STATE	
}	Principal Place of Business 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 Mailing Address 655 NORTH FRANKLIN ST TAMPA, FL 33602					, Suite 2200	ļ	AT	CLAHASSI	<u>:</u> Է,	FOKIDA	
-	2. Principal Pl	ace of Business	3. N	3. Mailing Address			_					
-	Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt #, etc.			02092		Chq-LP		E003 (10/03)	
-	City & State	;	c	City & State			4. FEI	Number	<u> </u>	01121	Applied For	
\vdash	Zip Country		Z	qi	try	5 Certificate of Status Desired S8.75 Addit				Not Applicab		
	6. Name and Address of Current i			jistered Agent			7. Nan	ne and Ad	idress of New Re	egistered	Fee Required	
	MCDONOUGH, BRIAN J					Name						
	2200 MUS				ss (P.O. Box	Number i	s Not Acceptable)				
	MIAMI, FL	FLAGLER STREET 33130			Brenda H. Storey 655 N. Franklin Street, Suite 2200							
						I	יטו. FL פייזים. FL			F	Zip Code	
-	The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.					L ed office or regi	istered agent	t, or both,	in the State of Flor	rida. 1 ar	m familiar with, and accep	
	Ble da H Store									4-1	15-05	
-	SIGNATURE Signature, typed or printed name of registered eigent and table if applicable									DATE		
	9. Capital Contributions as Shown on record. \$100.00 In FLORIDA to date				al Contril late.	outions	100.0	Ò				
	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 CHA			
1	DOCUMENT # NAME	P98000092050 TWC SIXTY-EIGHT, INC.			STRE	ET ADDRESS						
- 1	STREET ADDRESS City-St-ZIP	655 NORTH FRANKLIN STRE TAMPA, FL 33602	ET, SUIT	STR		-ST-ZIP		300054920433 05/20/0501054012 **!41.25				
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- 1	STREET ADDRESS CITY-ST-ZIP					-ST-ZIP	•					
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	STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP						
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	STREET ADDRESS CITY-ST-ZIP					-ST-ZIP				···	···· House Assessment on a	
	14. Thereby certify that the information supplied with this filling 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 of the received state 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 of the received state 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 of the received state 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 of the received state 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 of the received state 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 of the received state 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 of the received state 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 of the received state 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 of the received state and the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall											
	SIGNAT	URE: SIGNATURE ANICOLE	ida H.	Storey Total Officer	IAL PARTNI	ER			4-15-05		Daytime Phone #	