CR2E003 (11/00)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A99000000741 1. Entity Name TWC SIXTY-SEVEN, LTD. MAY - 1 PM 12: 29 Principal Place of Business Mailing Address 655 NORTH FRANKLIN STREET, SUITE 2200 655 NORTH FRANKLIN STREET, SUITE 2200 SECRETARY OF STATE **TAMPA FL 33602** TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3576334 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDONOUGH, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 2200 MUSEUM TOWER <u> 200004288898</u> -05/23/01--01017--020 150 WEST FLAGLER STREET MIAMI FL 33130 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) 9. Capital Contributions 10. Amount of Capit al Contributions 11. MAKE CHECK PAYABLE TO DEPT OF STATE \$50.00 as Shown on record. in FLORIDA to ditte. SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS EN (ITY 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 12 ADDRESS CHANGES ONLY 13. DOCUMENT # A99000000740 STREET ADDRESS TWC SIXTY-SEVEN PARTNERS, LTD. NAME STREET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIE DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT

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

STREET ADDRESS

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING GENERAL PARTNER

NAME STREET ADDRESS

CITY-ST-ZIP

Seven Partners, Ltd. By: TWC Sixty-Seven, Inc.

(813)281-8888