2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P99000076261 04-17-2006 90407 039 ***150.00 1. Entity Name TWC EIGHTY-SEVEN DEVELOPMENT, INC. Principal Place of Business Mailing Address 655 NORTH FRANKLIN STREET 655 NORTH FRANKLIN STREET STE 2200 STE 2200 **TAMPA, FL 33602** TAMPA, FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRENDA H. STORE MCDONOUGH, BRIAN J et Address (P.O. Box Number is Not Acceptable) 2200 MUSEUM TOWER, 150 WEST FLAGLER ST. MIAMI, FL 33130 7200 Zip Code 33602 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 10 2006 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME WILSON, CAROLYN M NAME 655 N FRANKLIN ST, STE 2200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP **CFOS** ☐ Delete ☐ Change ☐ Addition STOREY, BRENDA H NAME NAME 655 N FRANKLIN STREET, STE 2200 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

R OR DIRECTOR

SIGNATURE BOOKERS OF SIGNING OF Chief Financial Officer

CITY-ST-ZIP

SIGNATURE:

FILED