


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 17, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A00000001936 |  |
| 1. Entity Name TWC TWENTY-TWO PARTNERS, LTD. | |

| | |
|---|---|
| Principal Place of Business 655 N. FRANKLIN STREET, STE. 2200 TAMPA, FL 33602 | Mailing Address 655 N. FRANKLIN STREET, STE. 2200 TAMPA, FL 33602 |
|---|---|



| | |
|---|---|
| 2. Principal Place of Business Suite, Apt #, etc | 3. Mailing Address Suite, Apt #, etc |
| City & State | City & State |
| Zip | Country |

03142006 Chg-LP CR2E003 (11/05)

| | |
|--|--|
| 4. FEI Number 59-3688049 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

STOREY, BRENDA H
 655 N. FRANKLIN STREET, STE. 2200
 TAMPA, FL 33602

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 | |
|---------------------------------|---------------------------------------|
| DOCUMENT # | P00000104700 |
| NAME | TWC TWENTY-TWO, INC. |
| STREET ADDRESS | 655 NORTH FRANKLIN STREET, SUITE 2200 |
| CITY - ST - ZIP | TAMPA, FL 33602 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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00000515630
 04/29/06-80217-020 500.00

STAPLE CHECK HERE

14. 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 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

By: Brenda H. Storey APR 10 2006 813 281 8885
 SIGNATURE: _____ Date: _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Brenda H. Storey
 Chief Financial Officer