


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Apr 27, 2007 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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		04032007 Chg-LP CR2E003 (12/06)			
Zip		Country		4. FEI Number 59-3688049			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
STOREY, BRENDA H 655 N. FRANKLIN STREET, STE. 2200 TAMPA, FL 33602			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	P00000104700		STREET ADDRESS				
NAME	TWC TWENTY-TWO, INC.		CITY-ST-ZIP	U000000739235			
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200			05/14/07-80018-007 500.00			
CITY-ST-ZIP	TAMPA, FL 33602						
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
STREET ADDRESS							
CITY-ST-ZIP							
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 recover or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.							
TWC Twenty-Two Partners, Ltd. By: TWC Twenty-Two, Inc.							
SIGNATURE: <i>Brenda H. Storey</i>			APR 19 2007				
By: <b>Brenda H. Storey</b> Chief Financial Officer			Date: _____ Daytime Phone # _____				

STAPLE CHECK HERE