

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004226

**DOCUMENT #** A00000001937  
**1. Entity Name**  
 TWC TWENTY-TWO, LTD.

**FILED**  
 02 FEB 19 PM 3:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**Principal Place of Business**      **Mailing Address**  
 655 NORTH FRANKLIN STREET, SUITE 2200      655 NORTH FRANKLIN STREET, SUITE 2200  
 TAMPA FL 33602      TAMPA FL 33602

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**

**DUE BY MAY 1, 2002**  
**4. FEI Number** 59-3687111      **Applied For**  
 Not Applicable

**Zip**      **Country**      **Zip**      **Country**

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 MCDONOUGH, BRIAN J  
 2200 MUSEUM TOWER  
 150 WEST FLAGLER STREET  
 MIAMI FL 33130

**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.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions as Shown on record.**      **\$50.00**

**10. Amount of Capital Contributions in FLORIDA to date.**

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	A0000001936
NAME	TWC TWENTY-TWO PARTNERS, LTD.
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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<del>900004991939-5</del>
CITY-ST-ZIP	<del>-02/22/02--01065--018</del> <del>****150.00 ****150.00</del>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>BK</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**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**

TWC Twenty-Two, Ltd., By: TWC Twenty-Two Partners, Ltd., By: TWC Twenty-Two, Inc.  
**SIGNATURE:** By: *Debra R. Koenig*      02.14.02      813.281.8888  
Signature and typed or printed name of signing general partner      Date      Daytime Phone #

CP2E003 (9/01)