

2002 UNIFORM BUSINESS REPORT (UBR)

004210 AV

DOCUMENT # A01000001106

1. Entity Name
TWC TWENTY-NINE PARTNERS, LTD.

FILED

02 MAY -1 PM 5: 24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State City & State 4. FEI Number 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

7. Name and Address of New Registered Agent

**MCDONOUGH, BRIAN J
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130**

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. **\$100.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$100.00** 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P01000065703**
NAME **TWC TWENTY-NINE, INC.**
STREET ADDRESS **655 NORTH FRANKLIN STREET, SUITE 2200**
CITY-ST-ZIP **TAMPA FL 33602**

STREET ADDRESS
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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-Nine Partners, Ltd. By: TWC Twenty-Nine, Inc.

SIGNATURE: By: **Debra F. Koehler** **813-281-8888**
Signature and typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (9/01)