## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## DOCUMENT # A01000001106

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



FILED May 04, 2004 08:00 AM Secretary of State

Dayting Phone #

Principal Place of Business 655 NORTH FRANKLIN STREET, SUITE 2 TAMPA, FL 33602  2. Principal Place of Business	Mailing Address 200 655 NORTH FRANK TAMPA, FL 33602  3. Mailing Address Suite, Apt. #, etc.	LIN STREET, SUITE 220	
2. Principal Place of Business			
	Suite Apt # cla		
Suite, Apt. #. etc.	Salle, Apt. #, etc.		01292004 Chg-LP CR2E003 (10/03)
City & State	City & State		4. FEI Number Applied For 59-3739103 Not Applied by Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address o	f 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 Add	fress (P.O. Box Number is Not Acceptable)
100,000		City	FL Zip Code
the obligations of registered agent	atement for the purpose of changing	g its registered office or r	egistered agent, or both, in the State of Florida I am familiar with, and accep
SIGNATURE Signature types or printed name of reg	gistered agent and title it applicable		DATE
Capital Contributions as Shown on record.     \$100.00	10. Amount of Confload	apital Contributions to date.	00,00
A GENERAL PAI NOTE: General Par	RTNER THAT IS A BUSINESS	ENTITY MUST BE R	EGISTERED AND ACTIVE WITH THIS OFFICE. dment must be filed to change a general partner.
12. GENERAL	PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOGUMENT / P01000065703 TWC TWENTY-NINE, INC.		STPEET ADORESS	
STREET ADDRESS 655 NORTH FRANKLIN CIPY-ST-ZIP TAMPA, FL 33602	STREET, SUITE 2200	CIFY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY - ST ZIP		GHY ST-ZIP	000000158922 05/10/04-80009-010 141,25
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS City-St-ZIP		CITY-ST-ZIP	
SOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CATY STI-ZIP		GHY-ST-7IP	
DOCLMENT # NAME		STREET ADDRESS	
STHEFT ADDRESS CITY ST-ZIP		CHY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZiP	
14. Thereby certify that the information suindicated on this report is true and acithe receiver or trustee empowered to TWC Twenty-Nine Partner SIGNATURE: By:	curata and that my signatura chall h	nave the came tenal etter	d in Section 119 07(3)(i), Florida Statutes, it further certify that the information as if made under oath, that I am a General Partner of the limited partnership tes.  42704 (813) 281-8888

NO TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER