


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

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

**DOCUMENT # A01000001106**

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



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

Zip      Country      Zip      Country



03142006      Chg-LP      CR2E003 (11/05)

4. FEI Number      Applied For  
**59-3739103**      Not Applicable

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

6. Name and Address of Current Registered Agent

**STOREY, BRENDA H**  
**655 NORTH FRANKLIN STREET, SUITE 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 this 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000065703	STREET ADDRESS	
NAME	TWC TWENTY-NINE, INC.	CITY - ST - ZIP	
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200		
CITY - ST - ZIP	TAMPA, FL 33602		
DOCUMENT #		STREET ADDRESS	U000000515709
NAME		CITY - ST - ZIP	04729786-80217-024 500.00
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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      813-281-8889  
**SIGNATURE:**      **Brenda H. Storey**      Date      Daytime Phone #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Chief Financial Officer**