


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Apr 22, 2008 08:00 AM
Secretary of State**


DOCUMENT # A0100001106
1. Entity Name
TWC TWENTY-NINE PARTNERS, LTD.



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

Mailing Address
655 NORTH FRANKLIN STREET, SUITE 2200
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE



03192008 No Chg-LP CR2E003 (12/06)

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 59-3739103 | 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

STOREY, BRENDA H
655 NORTH FRANKLIN STREET, SUITE 2200
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

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 title if applicable

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 | |
|---------------------------------|---------------------------------------|
| DOCUMENT # | P01000065703 |
| NAME | TWC TWENTY-NINE, INC. |
| 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 | |

U00000914381
05/08/08-80054-018 500.00

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: *Brenda H. Storey* By: *Brenda H. Storey* Date: *4-18-08* Daytime Phone #: *813-281-8888*

**Brenda H. Storey
Chief Financial Officer**