

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004453 AV

DOCUMENT # **A01000001106**

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



**FILED**  
03 APR 30 AM 11:02  
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		<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>APPLIED FOR</b> <b>59-3739103</b>	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

4/30

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>MCDONOUGH, BRIAN J</b> <b>2200 MUSEUM TOWER</b> <b>150 WEST FLAGLER STREET</b> <b>MIAMI FL 33130</b>			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 title if applicable.

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P01000065703</b> <b>TWC TWENTY-NINE, INC.</b> <b>655 NORTH FRANKLIN STREET, SUITE 2200</b> <b>TAMPA FL 33602</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<del>04/30/03 01065-011 **141.25</del> <del>600012577686</del>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	04/30/03--01065--011 **141.25
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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-Nine, Inc  
**SIGNATURE: Debra P. Koehn**  
Date: **4-30-03** (813) 281-8888  
Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CPRE003 (10/02)