

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 24 PM 9:12

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001718



TWC NINETY, LTD.

Mailing Address:
**6200 COURTNEY CAMPBELL CAUSEWAY, STE. 600
TAMPA FL 33607**

Principal Office Address:
**6200 COURTNEY CAMPBELL CAUSEWAY, STE. 600
TAMPA FL 33607**

3. Date Formed or Registered

12/15/1994

5a. Capital Contributions as
Shown on this Form

\$100.00

3a. Date of Last Report

12/26/1995

5b. Amount of Capital
Contributions if Different
to Date

2. Mailing Address:

2a. Principal Office Address:

State, Apt. #, etc.

State, Apt. #, etc.

City & State:

City & State:

Zip Country

Zip Country

4. State or Country of Formation

FL

6. FEI Number

59-3284657

Applied For
 Not Applicable

7. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

8. Make checks payable to: Dept. of State (See reverse side for information)

9. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENT. FLA., INC.
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801**

10. If changed, new Registered Agent/Office

Name:

Street Address (P.O. Box Number is Not Acceptable)

State, Apt. #, etc.

City

FL Zip Code

10a. Pursuant to the provisions of section 609.10(1)(c) and 609.10(2) Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office, principal office, agent or both in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with and I accept the obligations of section 609.10(2) Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name of General Partners

TWC NINETY PARTNERS, LTD.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

6200 COURTNEY CAMPBEL

11b. City, State & Zip Code

TAMPA FL 33607

11c. Registration/
Document Number

A95000001802

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute the statement required by Chapter 609, Florida Statutes.

TWC Ninety Partners, Ltd., By: TWC Ninety, Inc., its Gen. Partner

SIGNATURE General Partner

By: *Debra F. Kochler* DATE **12/02/96**
Debra F. Kochler
Sr. Vice Pres. Daytime Telephone Number **813/281-8888**

Type of Printed Name of General Partner (Signature Form)

CP2E003 (5/96)