2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005 DOCUMENT # A94000001718

1	. Entity Name	ETY, LTD.	7 10					PR 29 P	M 2: 01
6	rincipal Place 555 NORTH F AMPA, FL 3.	RANKLIN STREET, SUITE 2200	LIN STREET, SUITE 2200		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2	Principal Place of Business		3. Mailing Address						
-	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03092005	Chg-LP	CR2E00	03 (10/03)
	City & State		City & State			4. FEI Number 59-3284			Applied For
	Zip	Country	Zip	Coun	itry	5. Certificate of			88.75 Additional ee Required
		6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered A	gent
1 1	MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130				Bren 655 I City Tam	enda H. Storey 5 N. Franklin Street, Suite 2200 mpa, FL 33602 FL Zip Code			
s	8. The above named entity submits this statement for the purpose of changing its the obligations of registered agent. SIGNATURE Signature, hiped or printed name of registered agent and little it applicable. 9. Capital Contributions as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS EN NOTE: General Partners MAY NOT be changed on the object of the purpose of changing its the object of the purpose of changing its the object of the purpose of changing its the object of the object				butions 6, 50 5, 6 3	SO, 60 STERED AND AC	CTIVE WITH T	THIS OFFICE	<u>.</u>
1	12. GENERAL PARTNER INFORMATION				i, air airicitairi	in mode be med		HANGES ONL	
N	DOCUMENT # A95000001802 TWC NINETY PARTNERS, LTD. SIREEI ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200 CIIY-SI-ZIP TAMPA FL 33602				EET ADDRESS				
0	IY-SI-ZIP TAMPA, FL 33602 DCUMENT A MME			STRI	EET ADORESS				
	TREET ADDRESS CITY-SI-ZIP			CITY	'-S1-ZIP				
н	DOCUMENT # NAME STREET ADDRESS			STR	EET ADDRESS				
C	CITY-SI-ZIP			CITY-ST-ZIP		05/23	/05010	77013	299 **526.25
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	ITY-ST-ZIP			CITY	'-SI-ZIP				
STA	AME TREET ADDRESS				EET ADORESS				
-	CITY-S1-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii).								fy 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 Ninety, Ltd. By: TWC Ninety Records as required by Chapter 620, Florida Statutes By: TWC Ninety, Inc.								
	SIGNAT	HDE Ry VYX ** */ *	R PRINTED NAME OF SIGNING GRA	ERAL PARTN	Endo U Stor	ev	4/15/6 Date		sytme Phone #
			R PRINTED NAME OF SIGNING GR	Ch	ief Financia	Officer			