

**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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 24 AM 9:12

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001802

TWC NINETY PARTNERS, LTD.



Mailing Address:

Principal Office Address:

6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600
TAMPA FL 33607

6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600
TAMPA FL 33607

2. Mailing Address:

2a. Principal Office Address:

State, Apt. #, etc.

State, Apt. #, etc.

City & State:

City & State:

Zip Country

Zip Country

3. Date Formed or Registered
11/22/1995

5a. Capital Contributions as
Shown on record
\$100.00

3a. Date of Last Report
12/26/1995

5b. Amount of Capital
Contributions in FL OMBAs
to date

4. State or Country of Formation
FL

6. FEI Number **59-3348692**
APPLIED FOR

Applied For
 Not Applicable

7. Certificate of Status Declined

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for instructions)

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENT. FL., INC.
390 N. ORANGE AVE., SUITE 1100
ORLANDO FL 32801

10. If changed, new Registered Agent/Office:

Name: _____
Street Address (P.O. Box Numbers Not Acceptable): _____
State, Apt. #, etc.: _____
City: _____
Zip Code: **FL**

10a. Pursuant to the provisions of Sections 620.1051 and 620.1052, 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, registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I understand the obligations of the obligor(s) as set forth in 620 Florida Statutes.

SIGNATURE of General 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 (Full Name, Not Initials)

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

11b. City, State & Zip Code

11c. Registration
Document Number

TWC NINETY, INC.

6200 COURTNEY CAMPBEL

TAMPA FL 33607

P94000087894

STAMPED INFORMATION

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(5)(b), Florida Statutes. I release the Division of Corporations from any liability for re-creation under 501(c)(3) of the Internal Revenue Code in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this form is true, accurate, and complete, and that my signature shall have the same legal effect as if made under oath. Further certify that I am a General Partner of the limited partnership, receiver or trustee authorized to execute this form as required by Chapter 620, Florida Statutes.

TWC Ninety, Inc., General Partner

SIGNATURE By:

Debra F. Koehler

hs

DATE **12/02/96**

Type in: Print Name of General Partner (Signifying Form)

Debra F. Koehler, Sr. Vice Pres.

Daytime Telephone Number

813/281-8888