

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001802

1. Entity Name
TWC Ninety Partners, Ltd.

Principal Place of Business
6200 Courtney Campbell Cswy
Suite 600
Tampa, FL 33607

Mailing Address
6200 Courtney Campbell Cswy
Suite 600
Tampa, FL 33607

FILED
00 MAY -4 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
655 North Franklin Street
Suite, Apt. #, etc.
Suite 2200
City & State
Tampa, FL
Zip
33602

Country
Hillsborough

3. Mailing Address
655 North Franklin Street
Suite, Apt. #, etc.
Suite 2200
City & State
Tampa, FL
Zip
33602

Country
Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3348692

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
EC Corporate Services of Central Florida, Inc.
190 North Orange Ave., Ste 1100
Orlando, FL 32801

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$100.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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	
IDENTIFICATION NUMBER	P94000087894	STREET ADDRESS	655 North Franklin Street, Suite 2200
ADDRESS	TWC Ninety, Inc.	CITY-ST-ZIP	Tampa, FL 33602
ST-ZIP	6200 Courtney Campbell Cswy, Ste 600	STREET ADDRESS	
ST-ZIP	Tampa, FL 33607	CITY-ST-ZIP	
ST-ZIP		STREET ADDRESS	200003291772--4
ST-ZIP		CITY-ST-ZIP	-06/15/00-01033-001
ST-ZIP		CITY-ST-ZIP	****141.25 ****141.25
ST-ZIP		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
ST-ZIP		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
ST-ZIP		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	

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 Ninety Partners, Ltd. By: **TWC Ninety, Inc.**
SIGNATURE: By: Debra F. Koehler (813) 281-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Debra F. Koehler, Senior Vice President** Date _____ Daytime Phone # _____