

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A95000001802</b> 1. Entity Name <b>TWC NINETY PARTNERS, LTD.</b>					
Principal Place of Business <b>655 NORTH FRANKLIN STREET, SUITE 2200          TAMPA, FL 33602</b>			Mailing Address <b>655 NORTH FRANKLIN STREET, SUITE 2200          TAMPA, FL 33602</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3348692</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>STOREY, BRENDA H          655 NORTH FRANKLIN STREET, SUITE 2200          TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P94000087894</b> <b>TWC NINETY, INC.</b> <b>655 NORTH FRANKLIN STREET, SUITE 2200</b> <b>TAMPA, FL 33602</b>		STREET ADDRESS CITY-ST-ZIP	U00000739254 05/14/07-80018-016 500.00	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Brenda H. Storey</i> <b>Brenda H. Storey</b> <b>Chief Financial Officer</b>			APR 19 2007		

STAPLE CHECK HERE