2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FWC Ninety-Four Partners, Ltd., By: FWC Ninety-Four, Inc.

SIGNATURE: By: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

May 04, 2004 08:00 AM Secretary of State DOCUMENT # A9600000566 TWC NINETY-FOUR PARTNERS, LTD. Principal Place of Business Mailing Address 655 NORTH FRANKLIN STREET, SUITE 2200 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business 3. Mailing Address Suite Apt, #, etc. Suite Apt. #, etc 01292004 CR2E003 (10/03) Chq-LP Applied For 4. FEI Number City & State City & State 59-3370925 Not Applicable Country Ζiρ Ζıp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDONOUGH, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130 Cily Zin Code 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 SIGNATURE Signature, typed or printed name of registered agent and tide if applicable 10. Amount of Capital Contributions \$\frac{1}{50},000 9. Capital Contributions \$50.00 as Shown on record 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P96000010720 DOCUMENT # STREET ADDRESS TWC NINETY-FOUR, INC. NAME 655 NORTH FRANKLIN STREET, SUITE 2200 STREET ADDRESS CITY-ST-ZIP City-St-AP TAMPA, FL 33602 DOCUMENT # U00000158838 STREET ADDRESS NAME STREET ACCRESS CHY ST ZIP CHY-\$1-2P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP OCCUMENT# STREET ADDRESS NAME STREET APORESS CITY-ST-ZiP CITY ST ZIP OCCUMENT 4 STREET ADDRESS MALIE STREET ADDRESS CITY-ST-ZIP CITY SE ZIE OCCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes if 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.

FILED