2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FIL.ED

DOCUMENT # A9600000566			2005 APR 29 PM 2: 02	
1. Entity Name TWC NINETY-FOUR PARTNERS, LTD.			TOOLETA BY OF STATE	
			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business	Mailing Address			
655 NORTH FRANKLIN STREET, SUITE 2200 655 NORTH FRANKLIN STREE		REET, SUITE 2200		
TAMPA, FL 33602	TAMPA, FL 33602		5 (80) NA 1818 (21) (2 0) (1 00) (7 00) (7 00) (80) (80) (80) (80) (80) (80) (80)	
Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.				
			03092005 Chg-LP CR2E003 (10/03)	
City & State	City & State		4. FEI Number Applied For 59-3370925 Not Applicable	
Zip <u>Country</u>	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		N	7. Name and Address of New Registered Agent	
MCDONOUGH, BRIAN J		Name		
2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130		İ	Street Address (P.O. Box Number is Not Acceptable) Brenda H. Storey	
		E	N. Franklin Street, Suite 2200	
		City Tam	pa, FL 33602 FL Zip 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 their applicable.				
9. Consider Contributions A				
as Shown on record. \$50.00 in FLORIDA to date.				
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 DOCUMENT P96000010720				
NAME TWC NINETY-FOUR, INC.		STREET ADDRESS		
CITY-ST-ZIP TAMPA, FL 33602		CITY-ST-ZIP	UUUU54916670 05/20/0501044012 **141.25	
DOCUMENT # NAME		STREET ADDRESS		
STREET AODRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT / NAME		STREET ADDRESS		
STREET ADDRESS		CITY-ST-ZIP		
CITY-ST-ZIP DOCUMENT #				
NAME STREET ANDRESS		STREET ADDRESS		
CITY-ST-ZIP		CHY-ST-ZIP		
14. 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 abl. Checker 620. Florida Statutes that I am a General Partner of the limited partnership or the receiver or trustee emovement to execute this report as required by Checker 620. Florida Statutes				
the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes TWC Ninety-Four Partners, Ltd. By: TWC Ninety-Four, Inc.				
SIGNATURE: By: Brenda M. Storey 9-15-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL BRENDA H. Storey Date Daylare Phone #				
Chief Financial Officer				