


**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

0004431 AV

DOCUMENT # **A96000000568**

1. Entity Name
TWC NINETY-EIGHT PARTNERS, LTD.



FILED
03 APR 30 AM 5:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RJH

Principal Place of Business
**655 NORTH FRANKLIN STREET, SUITE 2200
TAMPA FL 33602**

Mailing Address
**655 NORTH FRANKLIN STREET, SUITE 2200
TAMPA FL 33602**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

4/30

DUE BY MAY 1, 2003

4. FEI Number **59-3370921**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WILSON, JACK
655 NORTH FRANKLIN STREET, SUITE 2200
TAMPA FL 33602**

7. Name and Address of New Registered Agent
Name
Brian J. McDonough
Street Address (P.O. Box Number is Not Acceptable)
2200 Museum Tower
150 West Flagler Street
City
Miami FL Zip Code
33130

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]* DATE **4/27/03**

9. Capital Contributions as Shown on record. **\$50.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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	
DOCUMENT #	P96000010734
NAME	TWC NINETY-EIGHT, INC.
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200
CITY-ST-ZIP	TAMPA FL 33602
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

000017343420
04/30/03--01009--020 **141.25

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 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-Eight, Inc.

SIGNATURE: **By: SIGNATURE** *[Signature]* **Debra T. Roelfen, Senior Vice President**

Date **4-30-03** Daytime Phone # **813-281-3888**

STAPLE CHECK HERE

CR2E003 (10/02)