

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000571**
 Entity Name
TWC Ninety-Two, Ltd.

FILED
00 MAY 15 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

1. Principal Place of Business
55 North Franklin Street
 Suite, Apt. #, etc.
Suite 200
 City & State
Tampa, FL

2. Mailing Address
655 North Franklin Street
 Suite, Apt. #, etc.
Suite 200
 City & State
Tampa, FL

3. FEI Number
59-3370920

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Corporate Services of Central Florida, Inc.
390 North Orange Avenue, Suite 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

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.

SIGNATURE
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$972,188.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$3,858,561.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A96000000565 TWC Ninety-Two Partners, Ltd. 6200 Courtney Campbell Cswy Ste 600 Tampa, FL 33607	STREET ADDRESS CITY-ST-ZIP	655 North Franklin Street, Suite 2000 Tampa, FL 33602
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	800003251828--6 -05/15/00--01015--025 ***2276.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-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 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-Two, Ltd. By: TWC Ninety-Two Partners, Ltd. By: TWC Ninety-Two, Inc.

SIGNATURE: By: Debra F. Koehler (813) 281-8888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
Debra F. Koehler, Senior Vice President