

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004165 AV

DOCUMENT # **A96000000571**

FILED

1. Entity Name

**TWC NINETY-TWO, LTD.**

02 MAY -1 PM 5: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

655 N. FRANKLIN ST.. SUITE 2200  
TAMPA FL 33602

Mailing Address

655 N. FRANKLIN ST.. SUITE 2200  
TAMPA FL 33602



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**59-3370920**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FL., INC**  
**390 N. ORANGE AVE., SUITE 1100**  
**ORLANDO FL 32801**

Name  
**Jack Wilson**

Street Address (P.O. Box Number is Not Acceptable)  
**655 North Franklin Street, Suite 2200**

City  
**Tampa**

**FL**

**33602**

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.

**Jack Wilson, President of TWC 92, Inc., GP of TWC 92 Partners, Ltd., GP of TWC 92, Ltd.**

SIGNATURE

By: **Jack Wilson**

DATE  
**4/30/02**

9. Capital Contributions as Shown on record.

**\$3,858,561.00**

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.	655 N. FRANKLIN ST., SUITE 2200	TAMPA FL 33602

STREET ADDRESS	CITY-ST-ZIP
<b>200005503192--4</b>	<b>-05/10/02--01063--007</b>
	<b>****526.25 ****526.25</b>

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: **RESIDENT**

4/30/02

813-281-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/01)