



**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # A96000000571	
1. Entity Name TWC NINETY-TWO, LTD.	

Principal Place of Business 655 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602	Mailing Address 655 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04052007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3370920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  STOREY, BRENDA H 655 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 #	A96000000565	STREET ADDRESS	
NAME	TWC NINETY-TWO PARTNERS, LTD.	CITY-ST-ZIP	000000739247
STREET ADDRESS	655 N. FRANKLIN ST., SUITE 2200		05/14/07-80018-013 500.00
CITY-ST-ZIP	TAMPA, FL 33602		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the partnership. This report is required by Chapter 620, Florida Statutes.

By: TWC Ninety-Two, Inc.  
 By: Brenda H. Storey 4/19/07  
**SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Brenda H. Storey**  
**Chief Financial Officer**