

**2002 UNIFORM BUSINESS REPORT (UBR)**

000478 AV

**DOCUMENT # A96000000572**

1. Entity Name  
**TWC NINETY-FOUR, LTD.**

FILED

02 MAY -1 PM 5: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address

655 NORTH FRANKLIN STREET, SUITE 2200      655 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA FL 33602      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

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-3370926**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
**Jack Wilson**

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

City      State      Zip Code  
**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, Ltd., GP of TWC 94, Ltd.**      **GP of TWC 94, Ltd.**      **GP of TWC 94, Ltd.**

SIGNATURE *[Signature]*      By: **Jack Wilson**      DATE **4/30/02**

9. Capital Contributions as Shown on record.      **\$12,523,578.00**

10. Amount of Capital Contributions in FLORIDA to date.      **\$12,523,578.00**

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	
DOCUMENT #	<b>A96000000566</b>
NAME	<b>TWC NINETY-FOUR PARTNERS, LTD.</b>
STREET ADDRESS	<b>655 NORTH FRANKLIN STREET, SUITE 2200</b>
CITY-ST-ZIP	<b>TAMPA FL 33602</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<b>400005503194--8</b>
CITY-ST-ZIP	<b>-05/10/02--01063--008</b>
	<b>***526.25 ***526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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-Four, Ltd. By: TWC Ninety-Four Partners, Ltd. By: TWC Ninety-Four, Inc.

SIGNATURE: *[Signature]*      *[Signature]*      **813-281-8888**

\_\_\_\_\_  
Date      Daytime Phone #

CF2E003 (9/01)