·2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: By: SIGN DEBIE A KOELUSTO

DOCUMENT #

A9600000572

1. Entity Name						FILED
TWC NINETY-FOUR, LTD.						02 MAY -1 PM 5: 53
Principal Place of Business 655 NORTH FRANKLIN STREET. SUITE 2200 655 NORTH FRANKLIN STR TAMPA FL 33602 Mailing Address 655 NORTH FRANKLIN STR TAMPA FL 33602					SUITE 2200	SECRETARY OF STATE TALLAHASSEE, FLORIDA
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
Zip	ip Country		Zip	Country		5. Certificate of Status Desired
	6. Name	and Address of Current I	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 agent, or profit in the State of Florida. GP of TWC 94, Etd. GP of TWC 94						
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 12. GENERAL PARTNER INFORMATION 13.					nt must be filed to change a general partner. ADDRESS CHANGES ONLY	
DOCUMENT #	A96000000566					ADDITION OF INTROCE ONE!
NAME STREET ADDRESS CITY-ST-ZIP	TWC NINETY-FOUR PARTNERS, (655 NORTH FRANKLIN STREET, S TAMPA FL 33602				-ST-ZIP	
DOCUMENT # NAME				STRE	ET ADDRESS	4000055031948 -05/10/0201063008
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZiP	***************************************
DOCUMENT # NAME				STRE	ET ADDRESS	
STREET ADDRESS				CITY	-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS				STRE	ET ADDRESS	
CITY-ST-ZIP				CITY	-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS				STRE	ET ADDRESS .	
CITY-ST-ZIP				CITY	-ST-ZIP	
NAME				ı	ET ADDRESS	
CITY-ST-ZIP	ertify that the	information supplied with t	his filing does not qualify for	<u> </u>	-ST-ZIP	chion 110 07/3V/i) Florida Statutae I further costifu that the information
14. Thereby 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, Inc.						