2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Apr 27, 2007 08:00 AM Secretary of State

DOCUMENT # A9600000572 1. Enlity Name TWC NINETY-FOUR, LTD.					Secretary of Sta	
Principal Place of Business 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 Mailing Address 655 NORTH FRANKLIN STR TAMPA, FL 33602				r, suite 2200		
2. Principal P	lace of Business - No P.O Box #	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04052007 Chg-LP CR2E003 (12/06)	
City & State		City & State			4. FEI Number Applied For 59-3370926 Not Applicable	
Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and Address of New Registered Agent	
STOREY, BRENDA H 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602				Street Address (P.O. Box Number is Not Acceptable)		
17.101 7,1 E 00002				City ► Zip Code		
R The shows named entity submits this statement for the purpose of changing its of				City FL Zip Code gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
the obligat	ions of registered agent.		g no rogistore	ca office of registe	see agent, or both, in the state of Florida. Farmanina, with, and accept	
SIGNATURE - Signature, typed or printed name of regulatered argent and talle if applicable.					DATE	
		Will FEE IS \$500.00 2007, Fee will be \$9				
					TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
12.	GENERAL PARTNER INFORMATION			, an amonanc	ADDRESS CHANGES ONLY	
OOCUMENT # NAME	TWC NINETY-FOUR PARTNERS, LTD. 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 ODRESS ZIP		STRE	ET ADDRESS	05/14/07-80024-006 Snn.	
STREET ADDRESS CHY-ST-ZIP			CIIY	CIIY-SI-ZIP		
DOCUMENT # NAME			STREET ADDRESS			
STREET ADDRESS CHY-ST-ZIP			CITY	· ST - ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
NAME			STRE	ET ADDRESS	<u></u>	
CITY-ST-ZIP			CITY	-\$I-ZIP		
DOCUMENT # NAME STREET ADDRESS			SIRE:	ET ADDRESS		
CITY-ST-ZIP	THE STATE OF THE S		CITY-	-ST~ZIP		
DOCUMENT / NAME STREET ADDRESS			STRE	ET ADORESS	the second secon	
CITY-ST-ZIP				ST-ZIP		
or the rece	on this report is true and accurate and aiver or trustwernineepordan ነርር By: TWC Ninety-Four, In	i that my signature shall ha BibishworiNShegyvjradiby:	ify for the ex ive the same Charter GR	emptions containe a legal effect as if r p. Florida Statutes	ed in Chapter 119, Florida Statutes, I further certify that the information made under eath, that I am a General Partner of the limited partnership	
SIGNAT	UKE:	PRINTED HAME OF SIGNING GEN da H. Storey	NERAL PARTNE	R V	4/19/07/ Date Day and Phone #	
	Chie	f Financial Officer	,	0		