

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000476 AV

DOCUMENT # **A96000000572**



**FILED**

03 APR 30 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Principal Place of Business  
**655 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA FL 33602**

Mailing Address  
**655 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3370926**

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

**WILSON, JACK  
655 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA FL 33602**

Name  
**Brian J. McDonough**  
Street Address (P.O. Box Number is Not Acceptable)  
**2200 Museum Tower  
150 West Flagler Street**  
City  
**Miami** **FL** Zip Code  
**33130**

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

DATE

**4/27/03**

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

10. Amount of Capital Contributions in FLORIDA to date. **\$12,185,131.00**

11. MAKE CHECK PAYABLE TO FL. 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 # **A96000000566**  
NAME **TWC NINETY-FOUR PARTNERS, LTD.**  
STREET ADDRESS **655 NORTH FRANKLIN STREET, SUITE 2200**  
CITY-ST-ZIP **TAMPA FL 33602**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**900017608689**  
**04/30/03--01097--014 \*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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: By: *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable. **President**

**4-30-03 813-281-8888**

Date Daytime Phone #

CR2E003 (10/02)