

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009181 AF

**DOCUMENT # A96000000573**

1. Entity Name  
TWC NINETY-SIX, LTD.

**FILED**  
01 MAY 11 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number  
**65-0655680**

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

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**B&C CORPORATE SERVICES OF CENTRAL FL, INC.**  
**390 N. ORANGE AVE., STE. 1100**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOT : Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$3,792,221.00**

10. Amount of Capital Contributions in FLORIDA to date.

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>A96000000567</b>
NAME	<b>TWC NINETY-SIX 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	
CITY-ST-ZIP	
STREET ADDRESS	<b>200004287242--2</b>
CITY-ST-ZIP	<b>-05/22/01--01066--004</b>
STREET ADDRESS	<b>***526.25 ***526.25</b>
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-Six, Ltd. By: **TWC Ninety-Six Partners, Ltd.** By: **TWC Ninety-Six, Inc.**

SIGNATURE: By: **Debra F. Koehler** Date: **4/27/01** (813) 281-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Debra F. Koehler, Senior Vice President**

CR2E003 (11/00)