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2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

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1. Entity Name TWC NINETY-SIX, LTD.



Mailing Address 655 NORTH FRANKLIN STREET, SUITE 2200 Principal Place of Business 655 NORTH FRANKLIN STREET. SUITE 2200 SECRETARY OF STATE **TAMPA FL 33602 TAMPA FL 33602** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUI BY MAY 1, 2003 City & State City & State Applied For FEI Number 65-0655680 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, JACK <u>Brian J. Mcdonough</u> Street Address (P.O. Box Number is Not Acceptable) 655 NORTH FRANKLIN STREET, SUITE 2200 **TAMPA FL 33602** 150 West Flagler Street Miami 8. The above named anity 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 ag SIGNATURE Signature, typed or prin e of registered agent and title if applicat 10. Amount of Capital Contributions in FLORIDA to date. \$3,39 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record 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 ADDRESS CHANGES ONLY A96000000567 DOCUMENT # STREET ADDRESS TWC NINETY-SIX PARTNERS, LTD. NAME 655 NORTH FRANKLIN STREET, SUITE 2200 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP 200017608732 DOCUMENT # STREET ADDRESS NAME 04/30/03--01097--015 **526.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP DOCUMENT # STREET ADDRESS 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, Inc.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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