

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004439 AV

DOCUMENT # **A96000000574**



**FILED**

03 APR 30 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Entity Name  
**TWC NINETY-EIGHT, 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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-3370923**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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]* DATE **4/27/03**

9. Capital Contributions as Shown on record. **\$9,384,093.34**

10. Amount of Capital Contributions in FLORIDA to date **\$9,204,067.00**

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

DOCUMENT #	<b>A96000000568</b>
NAME	<b>TWC NINETY-EIGHT 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 #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000017608910</b>
CITY-ST-ZIP	<b>04/30/03--01097--015 ***526 25-</b>
STREET ADDRESS	
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-Eight, Ltd. By: TWC Ninety-Eight Partners, Ltd. By: TWC Ninety-Eight, Inc.**

SIGNATURE: *[Signature]* DATE **4-30-03** 813-281-8888

Daytime Phone #

CR2E003 (10/02)