

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000000518

1. Entity Name

TWC NINETY-FIVE PARTNERS, LTD.

FILED

01 MAY - 1 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**655 N. FRANKLIN ST., SUITE 2200
 TAMPA FL 33602**

Mailing Address

**655 N. FRANKLIN ST., SUITE 2200
 TAMPA FL 33602**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3445532

Applied For

Not Applicable

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

**MCDONOUGH, BRIAN J
 2200 MUSEUM TOWER
 150 W. FLAGLER STREET
 MIAMI FL 33130**

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

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

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$100.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000018900**
 NAME **TWC NINETY-FIVE, INC.**
 STREET ADDRESS **655 N. FRANKLIN ST., SUITE 2200**
 CITY-ST-ZIP **TAMPA FL 33602**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

CR2E003 (11/00)

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-Five Partners, Ltd. By: TWC Ninety-Five, Inc.

SIGNATURE: By: **Debra F. Koehler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Debra F. Koehler, Senior Vice President

4/27/01
 Date

(813) 281-8888
 Daytime Phone #