


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000000518

1. Entity Name
TWC NINETY-FIVE PARTNERS, LTD.



Principal Place of Business 655 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602	Mailing Address 655 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04052007 Chg-LP CR2E003 (12/06)

City & State	City & State	4. FEI Number 59-344532	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

STOREY, BRENDA H
655 N. FRANKLIN ST., SUITE 2200
TAMPA, FL 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 _____
 000000739335
 05/14/07-80024-003 500.00

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STREET ADDRESS _____
 CITY-ST-ZIP _____

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 820, Florida Statutes

SIGNATURE: *Brenda H. Storey*
 By: **Brenda H. Storey**
 Chief Financial Officer

4/19/07
 Date Daytime Phone #

STAPLE CHECK HERE