

2001 UNIFORM BUSINESS REPORT (UBR)

0009185 AF

DOCUMENT # **A97000000519**

1. Entity Name
TWC NINETY-FIVE, LTD.

FILED

01 MAY -1 PM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA FL 33602 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA FL 33602



2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

5/1

DO NOT WRITE IN THIS SPACE

Min

City & State City & State

4. FEI Number **59-3445526** 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$714,478.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$1,025,006.00** 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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **A97000000518**
NAME **TWC NINETY-FIVE PARTNERS, LTD.**
STREET ADDRESS **655 NORTH FRANKLIN STREET, SUITE 2200**
CITY-ST-ZIP **TAMPA FL 33602**

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS **000004215240--5**
-05/14/01--01106--005
CITY-ST-ZIP *****2276.25 ****526.25**

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

SIGNATURE: *Debra F. Koehler* By: *Debra F. Koehler* (813) 281-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Debra F. Koehler, Senior Vice President Date 4/27/01 Daytime Phone #

CR2E003 (11/00)