


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000519**

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



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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc	City & State	Suite, Apt #, etc	City & State
Zip	Country	Zip	Country



01292004    Chg-LP    CR2E003 (10/03)

4. FEI Number      Applied For  
**59-3445526**      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	
<b>MCDONOUGH, BRIAN J</b> <b>2200 MUSEUM TOWER</b> <b>150 W. FLAGLER STREET</b> <b>MIAMI, FL 33130</b>		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

9. Capital Contributions as Shown on record <b>\$13,405,787.16</b>	10. Amount of Capital Contributions in FLORIDA to date <b>\$13,405,787.16</b>
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**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 #	A97000000518	STREET ADDRESS	
NAME	TWC NINETY-FIVE PARTNERS, LTD.	CITY- ST- ZIP	
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200	STREET ADDRESS	
CITY- ST- ZIP	TAMPA, FL 33602	CITY- ST- ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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NAME		CITY- ST- ZIP	
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CITY- ST- ZIP		CITY- ST- ZIP	

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05/10/04-80035-011 526.25

STAPLE CHECK HERE

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: By: Brenda H. Storey      4/27/04      (813) 281-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Brenda H. Storey, Chief Financial Officer**

Date      Date-time Phone #