2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

Due By May 1, 2005			FILED
DOCUMENT # A9700000519 1. Entity Name TWC NINETY-FIVE, LTD.			2005 APR 29 PM 2: 02
			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address 655 NORTH FRANKLIN STREET, SUITE 2200 655 NORTH FRANKLIN TAMPA, FL 33602 TAMPA, FL 33602		STREET, SUITE 2200	
Principal Place of Business 3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03092005 Chg-LP CR2E003 (10/03)
City & State City & State			4. FEI Number Applied For 59-3445526 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 W. FLAGLER STREET MIAMI, FL 33130		Erenda H. S. 655 N. Frank Igampa, FL	klin Street, Suite 2200 33602 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 Signature, typed or printed name of registered opens and site if applicable. DATE			
9. Capital Contributions as Shown on record. \$13,405,787.16 10. Amount of Capital Contributions in FLORIDA to date. 13,405,787.16			
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 # A9700000518		13.	ADDRESS CHANGES ONLY
NAME TWC NINETY-FIVE PARTNERS, LTD. STREET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33602 DOCUMENT #	**************************************	CITY-ST-ZIP STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	300054920683 05/20/0501055007 **526,25
DOCUMENT #		STREET ADDRESS	U5/20/0501055007 **526,25
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-\$T-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		C±TY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP 14. I hereby certify that the information	a supplied with this filing does not qualify to	CITY-ST-ZIP r the exemption stated in Se	ection 119.07(3)(i), Florida Statutes 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 629. Florida Statutes TWC Ninety-Five, Ltd. By: I'm Chapter 629 and the same legal effect as if made under oath, that I am a General Partner of the limited partnership or TWC Ninety-Five, Ltd. By: I'm Chapter 629 and 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 629. Florida Statutes			
SIGNATURE: By: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PRINTER Brenda H. Storey Chief Financial Officer			
Chief Financial Officer			