## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A9700000519  1. Entity Name TWC NINETY-FIVE, LTD.						Sec	eretai	ry of State	
1 .	e of Business FRANKLIN STREET, SUITE 2200 33602	Mailing Address 655 NORTH FRANKLI TAMPA, FL 33602	IN STREET, S	SUITE 2200					
2. Principal I	Place of Business	3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					03142006	Chg-LP	CR2E0	03 (11/05)	
City & Sta	le	City & State		4. FEI Number 59-3445		who the shape of	Applied For Not Applicable		
Zrp	Country	Zip Country		5. Certificate o	of Status Desired		8.75 Additional		
	6. Name and Address of Current Registered Agent			Name	7. Name and A	Address of New F	legistered A	gent	
	STOREY, BRENDA H 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602								
					Street Address (P.O. Box Number is Not Acceptable)				
			-	City			FL	Zip Code	
3 The above	e named entity submits this statement for	r the nurrose of changing	its registered	office or register	ed agent, or hoth	in the State of Flo			
	tions of registered agent.	the purpose or orlanging	ila rugiatorua	omce or register	ed agent, or both	i, in the otate of the	Jiliga. Talli ii	arisia wor, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable					DATE		
	After May 1, 2	VIII FEE IS \$500.00 1006, Fee will be \$9	00.00						
	A GENERAL PARTNER 1 NOTE: General Partners MA								
12.	GENERAL PARTNER INFORMATION			7-4	ADDRESS CHANGES ONLY				
DOCUMENT # NAME	TWC NINETY-FIVE PARTNERS, LTD. 655 NORTH FRANKLIN STREET, SUITE 2200		STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-S1	r-ZiP	U00000515620				
DOCUMENT #	TAIVIPA, FL 33002		CIPCET	4000000				007 500.00	
NAME STREET ADDRESS			SIREE	AODRESS					
- CITY-ST-ZIP			CITY-SI	1-ZIP			THE SECOND SECOND STREET STREET, STREE		
DOCUMENT # NAME			STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-SI	T-21P					
DOCUMENT # NAME			STREET	address					
SIRELI ADURESS CITY-SI-ZIP			Cary-si	1-21P					
CITY-ST-ZIP  DOCUMENT #  NAME  STREET ADDRESS			STREET	AODRESS					
		range and a state of the state	CITY-SI	I-ZIP		· · · · · · · · · · · · · · · · · · ·		······································	
DOCUMENT !			STREET	ADDRESS					
STREET ADDRESS CITY ST-ZIP			CiTY·Si	T-ZIP					
14. I hereby indicates or the re-	certify that the information supplied wit if on this report is true and accurate and seiver or trustee empowered to execute TWC Ninety-Five, Ltd. By: TWC	h this filing does not qualify that my signature shall hav this report as required by ( Ninety-Five Partners, 140	ty for the exer ve the same le Chapter 620, d.	nptions containe egal effect as if m Florida Statutes	nade under oath;	that I am a Gener	I further central Partner of	ify that the information the limited partnership	
SIGNAT	By: TWC Ninety-Five, Inc.	PRINTED NAME OF SIGNING GEN	ERAL PARTER		APR	1 0 2006	813	-281-8888 ybme Phone *	
	SIGNALURA AND LIPEUUN	Chief	a H. Store	3 <b>V</b>		L/diu	D\$	THE PERSON OF	