## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE CHECK HERE

## **FILED** Apr 27, 2007 08:00 AM

DOCUMENT # A9700000519  1. Entity Name TWC NINETY-FIVE, LTD.			Secretary of State	
Principal Place of Business 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	NORTH FRANKLIN STREET, SUITE 2200 655 NORTH FRANKLIN STREET, SUIT		T, SUITE 2200	
Principal Place of Business - No P.O. Box # 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.				04052007 Chg-LP CR2E003 (12/06)
City & State	City & State			4. FEI Number         Applied For           59-3445526         Not Applicable
Zip Country		Zip Country		5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
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
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 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 # A9700000518 NAME TWO NINETY-FIVE PARTNERS	A9700000518 TWC NINETY-FIVE PARTNERS, LTD.		EET ADDRESS	000000739337 05/14/07-80024-004 500.00
	655 NORTH FRANKLIN STREET, SUITE 2200		'-SI-ZIP	
DOCUMENT # NAME	SI		EET ADDRESS .	
STREET ADDRESS CHY-ST-ZIP			'-SI-ZIP	
DOCUMENT # NAME	s		EET ADDRESS	
STREET ADDRESS CITY-SI-ZIP		CITY	CIFY-ST-ZIP	
DOCUMENT # NAME	SI		EET ADDRESS	
STREET ADDRESS CHY-ST-ZIP	is ci		'-ST-ZIP	
DOCUMENT # NAME	ST		EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP CIT		CITY	-ST- ZIP	
DOCUMENT / NAME	SIR		ET ADDRESS	
STREET ADDRESS  CITY-ST-ZIP	CITY			
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 employered to execute this report by Chapter 220, Florida Statutes.  The content of the limited partnership or the receiver or trustee employered to execute the content of the limited partnership or the receiver or trustee employered to execute the content of the limited partnership or the receiver or trustee. The content of the limited partnership or the receiver of the limited partnership or the receiver of the limited partnership or the receiver or trustee. The limited partnership or the receiver of the limited partnership or the receiver or trustee.				
SIGNATURE: By: TWC Ninety-Five, Inc. Brenda H. Storm 4/19/07				
Brenda H. Storey  Chief Financial Officer				