

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 JUN 5 1997  
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1. Name of Limited Partnership	1a. DOCUMENT # <b>A97000001241</b>
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**TWC NINETY-ONE PARTNERS, LTD.**

Mailing Address <b>6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600 TAMPA FL 33607</b>	Principal Office Address <b>6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600 TAMPA FL 33607</b>
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3. Date of Event or Registered  
**06/04/1997**

5a. Capital Contributions as Shown on record  
**\$50.00**

3a. Date of Last Report  
**12/22/1997**

5b. Amount of Capital Contributions in F-001A to date

4. State or Country of Formation  
**FL**

6. FRI Number  
**59-3455317**

Applied For  
 Not Applicable

7. Certificate of Status Desired  
 \$8.75 Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

2. Mailing Address	2a. Principal Office Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip Country	Zip Country

9. Name and Address of Current Registered Agent <b>MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130</b>	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc City
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10. If changed, New Registered Agent/Office  
**FL** Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_  
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) <b>TWC NINETY-ONE, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>6200 COURTNEY CAMPBELL</b>	11b. City, State & Zip Code <b>TAMPA FL 33607</b>	11c. Registration Document Number <b>P97000049164</b>
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

**TWC Ninety-One Partners, Ltd.**  
 SIGNATURE By: **TWC Ninety-One, Inc.** By: *Debra F. Koehler* DATE **12/23/98**  
**Debra F. Koehler, Senior Vice President**  
 813/281-8888  
 Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

CR2003 (8-98)