


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

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

**DOCUMENT # A97000001241**

1. Entity Name  
**TWC NINETY-ONE PARTNERS, LTD.**



Principal Place of Business  
**655 N. FRANKLIN ST., SUITE 2200  
 TAMPA, FL 33602**

Mailing Address  
**655 N. FRANKLIN ST., SUITE 2200  
 TAMPA, FL 33602**

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



01292004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent

**MCDONOUGH, BRIAN J  
 2200 MUSEUM TOWER  
 150 WEST FLAGLER STREET  
 MIAMI, FL 33130**

7. Name and Address of New Registered Agent

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>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$100.00</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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P97000049164 TWC NINETY-ONE, INC. 655 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>000000158810 05/10/04-80006-003 141.25</b>
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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-One Partners, Ltd. By: TWC Ninety-One, Inc.**

**SIGNATURE:** By: *Brenda H. Sloan* **4/27/04** (813) 281-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER