2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

	DOCUMENT # A9700001241					oras Af	R 29 F	PM 2: 01	
	1. Entity Name TWC NINETY-ONE PARTNERS, LTD.					SECRI	ETARY OHASSEE	F STATE , FLORIDA	
HERE	Principal Place of Busines	Mailing Address			INCEN	• • • • • • • • • • • • • • • • • • • •			
	655 N. FRANKLIN ST., SI TAMPA, FL 33602	655 N. FRANKLIN ST., TAMPA, FL 33602	5 N. FRANKLIN ST., SUITE 2200 MPA, FL 33602						
-	2. Principal Place of Busic	3. Mailing Address							
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03092005 Chg	-LP	CR2E003 (10/03)	
	City & State		City & State			4. FEI Number 59-3455317		Applied Fo	
	Zip Country		Zip Countr		ntry	5. Certificate of Status	s Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
	MCDONOUGH, BRIAN J								
	2200 MUSEUM TOWER 150 WEST FLAGLER STREET					P.O. Box Number is Not Acceptable)			
	MIAMI, FL 33130			655 N	Brenda H. Storey 555 N. Franklin Street, Suite 2200				
-	·				City Tampa	i, FL 33602	<u> </u>	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								cept
	the obligations of registered agent.  4-15-05								
	SIGNATURE Signature, typed or priviled name of registered agent and title if Aphilicable.								-
1	A Combination								
	9. Capital Contributions as Shown on record. \$100.00 In FLORIDA to date.								
	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						DRESS CHAN		
	DOCUMENT / P97000049164 TWC NINETY-ONE, INC.			STRE	EET ADDRESS				
	STREET ADDRESS 655 N. FF	RANKLIN ST., SUITE 22 FL 33602	OO CITY-		'-ST-ZIP	500054917875 05/20/0501044017 **141.25			
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	STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP				
	14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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	_ N. Storen	. 1		4-1	5-05		
_L		SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING GENER	PABN	enda H. Store	Y Date		Daytime Phone #	
				$\int Ch$	ief Financial	Officer			

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