2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

Chief Financial Officer

FILED Apr 27, 2007 08:00 A Secretary of State

DOCUMENT # A9700001241 1. Entity Name TWC NINETY-ONE PARTNERS, LTD.					Secretary of Sta		
Principal Plac	e of Business	Mailing Address			-		
655 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602		655 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602		1			
2. Principal P	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 59-3455317		Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired		.75 Additional Required
	6. Name and Address of Current	Registered Agent	·	Name	7. Name and Address of New Re	egistered Age	nt
STOREY, BRENDA H 655 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code
	named entity submits this statement to ions of registered agent	r the purpose of changing	g its registere	ed office or registe	red agent, or both, in the State of Flor	rida. I am fami	iliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	· · · · · · · · · · · · · · · · · · ·	, , , ,		DATE	
		VIII FEE IS \$500.00 2007, Fee will be \$9					,
	A GENERAL PARTNER	HAT IS A BUSINESS	ENTITY M	UST BE REGIS	TERED AND ACTIVE WITH THI nt must be filed to change a ge	S OFFICE.	er.
12.	GENERAL PARTNE		13.	,	ADDRESS CHA		
OOCUMENT # NAME	P9700049164 TWC NINETY-ONE, INC.			ET ADDRESS			
STREET ADORESS CITY: ST-ZIP	· ·			-\$1 - ZIP	000000739250 05/14/07-80018-014 500.qo		
DOCUMENT # NAME			STRE	ET ADDRESS			
STREET ADDRESS CHY-ST-ZIP			CITY	-SI-ZIP			
DOCUMENT # NAME			SIRE	ET ADORESS			
STREET ADDRESS CITY-ST-ZIP			CITY	- ST - ZIP			
DOCUMENT # NAME			STRE	ET AOORESS			
STREET ADDRESS CITY-ST-ZIP			CITY	- ST- ZIP			
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STREET ADORESS CITY-ST-ZIP			CITY	· ST · ZIP			
DOCUMENT / NAME			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CHY	-ST-ZIP			
indicated or the rec	certify that the information supplied will on this report is true and accurate and eiver or trustee empowered to execute TWC Ninety-One Partin By:	that my signature shall ha	ive the same Chanter 620	e legal effect as if n D. Florida Statutes	od in Chapter 119, Florida Statutes, I nade under oath: that I am a Genera APR 1 9 2007	further certify al Partner of the	that the information a limited partnership
SIGNAT	URE: SIGNATURE AND TYPER OF	PRINTED NAME OF SIGNING GEN	NE AL PARTNE	R	Date	Daytmi	e Phone #