

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004225 AV

DOCUMENT # A97000001242

1. Entity Name

TWC NINETY-ONE, LTD.

FILED

02 MAY - 11 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA MJH

Principal Place of Business  
655 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA FL 33602

Mailing Address  
655 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number 59-3455316

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$708,610.00

10. Amount of Capital Contributions in FLORIDA to date.

\$ 15,485,734.46

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # A97000001241  
NAME TWC NINETY-ONE PARTNERS, LTD.  
STREET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200  
CITY-ST-ZIP TAMPA FL 33602

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, Ltd. By: TWC Ninety-One Partners, Ltd. By: TWC Ninety-One, Inc.

SIGNATURE: By: *Signature* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/30/02 813-281-6880

CR2E003 (9/01)