


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000001242 1. Entity Name TWC NINETY-ONE, LTD.					
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 Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03142006 Chg-LP CR2E003 (11/05)	
4. FEI Number 59-3455316				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent STOREY, BRENDA H 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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		STREET ADDRESS		
NAME	TWC NINETY-ONE PARTNERS, LTD.		CITY-ST-ZIP		
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200		CITY-ST-ZIP		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. By: TWC Ninety-One, Ltd. By: TWC Ninety-One Partners, Ltd. By: TWC Ninety-One, Inc. <i>Brenda H. Storey</i> SIGNATURE: _____ DATE: APR 10 2006 DAYTIME PHONE #: 813-281-8888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> Brenda H. Storey Chief Financial Officer					

STAPLE CHECK HERE

