2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700001242

1. Entity Name TWC NINETY-ONE, LTD.

TAMPA FL 33602

Principal Place of Business 655 NORTH FRANKLIN STREET. SUITE 2200

SIGNATURE: By:SIGNAT

Mailing Address 655 NORTH FRANKLIN STREET. SUITE 2200

TAMPA FL 33602

FILED

03 APR 29 AM 8: 33

SECRETARY OF STATE TALLAHASSEE FLORIDA

4-30-03

Date

813-281-8888 Daytime Phone #

HLM

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|---|-------------------------------------|-----------------------------------|-------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | - 4 JOHN HAR HAN BAN BAN BAN BAN BAN BAN BAN BAN BAN HAN HAN HAN BAN BAN BAN BAN BAN BAN BAN BAN BAN B |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DUI BY MAY 1, 2003 |
| City & State | | City & State | | 4. FEI Number 59-345/5316 Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired Sa.75 Additional Fee Required |
| 6. Name and Address of Currer | | ent Registered Agent | | 7. Name and Address of New Registered Agent |
| MODOMOUGH OCHAN | | | Name | |
| MCDONOUGH, BRIAN J | | | Street Address | s (P.O. Box Number is Not Acceptable) |
| 2200 MUSEUM TOWER | | , | | |
| 150 WEST FLAGLER STREET | | | | |
| MIAMI FL 33130 | | | 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 | | | | |
| | | <u> </u> | oital Contributions | DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE |
| | | | date. \$15,163, | 858,00 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 # A9700001241 | | | STREET ADDRESS | • |
| NAME TWC NINETY-ONE PARTNERS, LTD. STREET ADDRESS GIY-ST-ZIP TAMPA FL 33602 | | | | |
| | | CITY-ST-ZIP | | |
| DOCUMENT # | | | 700017321417 | |
| NAME | | | STREET ADDRESS | 04/29/0301078022 **526.25 |
| STREET ADDRESS | | | CITY-ST-ZIP | W. 11, 34, 55 |
| CITY-ST-ZIP | | <u>-</u> | 5111 51 211 | |
| DOCUMENT # | | | STREET ADDRESS | |
| NAME STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | · |
| DOCUMENT # & | | | GTOSET APPOSED | |
| NAME | | | STREET ADDRESS | |
| STREET ADDRESS | | | City-St-Zip | |
| CITY-ST-ZIP | <u> </u> | <u></u> | | |
| DOCUMENT # NAME | | | STREET ADDRESS | |
| STREET ADDRESS | | • | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| DOCUMENT # | | | STREET ADDRESS | |
| NAME CAREET ASSESSED | | | | |
| STREET ADDRESS CITY-ST-ZIP | | , | CITY-ST-ZIP | |
| 14. I hereby ce | rtify that the information supplied | with this filing does not qualify | for the exemption stated in 5 | 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. | | | | |