

2002 UNIFORM BUSINESS REPORT (UBR)

000423 AV

DOCUMENT # A97000001939

FILED

1. Entity Name
TWC NINETY-THREE PARTNERS, LTD.

02 MAY -1 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**655 NORTH FRANKLIN STREET, SUITE 600
TAMPA FL 33602**

Mailing Address
**655 NORTH FRANKLIN STREET, SUITE 600
TAMPA FL 33602**



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3476472	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MCDONOUGH, BRIAN J STEARNS WEAVER MILLER WEISSLER ALHADEFF 150 W. FLAGLER ST., STE. 2200 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date. \$100.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P97000077914	NAME TWC NINETY-THREE, INC.	STREET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 600	CITY-ST-ZIP TAMPA FL 33602
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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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.

SIGNATURE: By: *Debra A. Boehle* **RESIDENT** Date: 4/30/02 Daytime Phone #: 813-281-3888

CP2E003 (9/01)