

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004467 AV

DOCUMENT # **A97000001942**



**FILED**

03 APR 29 AM 8:33

1. Entity Name  
**TWC NINETY-SEVEN, LTD.**

Principal Place of Business  
**655 NORTH FRANKLIN STREET  
STE 2200  
TAMPA FL 33602**

Mailing Address  
**655 NORTH FRANKLIN STREET  
STE 2200  
TAMPA FL 33602**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



2. Principal Place of Business

3. Mailing Address

4/29

**DUE BY MAY 1, 2003**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3475069**

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  
STEARNS WEAVER MILLER WEISSLER ALHADEFF  
150 W. FLAGLER ST., MUSEUM TOWER 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. **\$5,947,704.56**

10. Amount of Capital Contributions in FLORIDA to date. **\$5,947,704.56**

11. MAKE CHECK PAYABLE TO FL. 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	
DOCUMENT #	<b>A97000001941</b>
NAME	<b>TWC NINETY-SEVEN PARTNERS, LTD.</b>
STREET ADDRESS	<b>655 NOTH FRANKLIN STREET, STE 2200</b>
CITY-ST-ZIP	<b>TAMPA FL 33602</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000017321300</b>
CITY-ST-ZIP	<b>01/29/03--01078--020 #4526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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-Seven, Ltd. By: TWC Ninety-Seven Partners, Ltd. By: TWC Ninety-Seven, Inc.**

SIGNATURE: By: **SIGNATURE: Debra A. Koentfer** 4-30-03 813-281-8888

SIGNATURE AND TYPED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Debra A. Koentfer, Senior Vice President

SAMPLE CHECK HERE

CR2E003 (10/02)