## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

TWC Ninety-Nine Partners, Ltd., By:TWC Ninety-Nine, Inc.

SIGNING GENERAL PARTNER

## May 04, 2004 08:00 AM Secretary of State **DOCUMENT # A98000000078** TWC NINETY-NINE PARTNERS, LTD. Mailing Address Principal Place of Business 655 NORTH FRANKLIN STREET, SUITE 2200 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt #. etc Suite, Apt #, etc. 01292004 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 59-3491104 Not Applicable Zip Country Zο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCDONOUGH, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 2200 MUSEUM TOWER 150 WEST FLAGER STREET MIAMI, FL 33130 City 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 10. Amount of Capital Contributions \$100.00 in FLORIDA to date as Shown on record 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # P98000001879 STREET ADDRESS TWC NINETY-NINE, INC. NAME STREET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200 CITY - ST - ZIP 1/00000158844 CITY-ST-ZIP TAMPA, FL 33602 <del>05/10/04-80006-007-141.25</del> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST ZIF C:TY - ST - ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADORESS CITY-ST-7-P CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY: ST: ZIP CITY ST-ZIP ODCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-7(P CITY ST- ZIE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-782 Citty-5t-769 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutos 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 Chauter 620. Florida Statutes

4/24/04

FILED