

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A01000001106



1. Entity Name
TWC TWENTY-NINE PARTNERS, LTD.

Principal Place of Business Mailing Address
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.
 City & State City & State
 Zip Country Zip Country

03142006 Chg-LP CR2E003 (11/05)

4. FEI Number Applied For
59-3739103 Not Applicable
 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
STOREY, BRENDA H
655 NORTH FRANKLIN STREET, SUITE 2200
TAMPA, FL 33602
 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 _____
Signature typed or printed name of registered agent and title if applicable

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 #	P01000065703	STREET ADDRESS	
NAME	TWC TWENTY-NINE, INC.	CITY - ST - ZIP	
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200		
CITY - ST - ZIP	TAMPA, FL 33602		
DOCUMENT #		STREET ADDRESS	U000000515709
NAME		CITY - ST - ZIP	04729786-80217-024 500.00
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

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: Brenda H. Storey APR 10 2006 813-281-8889
 SIGNATURE: _____ Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Brenda H. Storey
Chief Financial Officer