

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004453 AV

**DOCUMENT # A01000001106**



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

**FILED**  
03 APR 30 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

Mailing Address  
**655 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA FL 33602**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **APPLIED FOR**  
**59-3739103**

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  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
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 \_\_\_\_\_ 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.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	<b>P01000065703</b>
NAME	<b>TWC TWENTY-NINE, INC.</b>
STREET ADDRESS	<b>655 NORTH FRANKLIN STREET, SUITE 2200</b>
CITY-ST-ZIP	<b>TAMPA FL 33602</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	<del>04/30/03 01065-011 **141.25</del> <del>600012577686</del>
STREET ADDRESS	04/30/03--01065--011 **141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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 Twenty-Nine, Inc

SIGNATURE: *Debra P. Koehn* By: **SIGNATURE REQUIRED** Date: **04-30-03** (813) 281-8888

**Debra P. Koehn, Esq., Senior Vice President**

CPRE003 (10/02)