2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000001039

1. Entity Name
TWM PARTNERS, LTD.

Principal Place of Business	Mailing Address
8443 BAYMEADOWS ROAD JACKSONVILLE, FL 32256	ATTN: FRAN HARP PO BOX 411248 CHARLOTTE, NC 28241-1248

07142004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3258043 — Applied For / 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
F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202	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. $548,320.93

10. Amount of Capital Contributions in FLORIDA to date 400,000

In accordance with s. 620.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	G68849	STREET ADDRESS	
NAME	PERDUE, INC.		
STREET ADDRESS	8443 BAYMEADOWS ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		
DOCUMENT #		STREET ADDRESS	U00000168058 07/23/04-80008-002 526.25
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STAPLE CHECK HERE

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: Kenneth J Mahoney KENNETH J. MAHONEY TREASURER 7/13/04 (904) 737-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #