

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A94000001039

1. Entity Name
TWM PARTNERS, LTD.



Principal Place of Business
8443 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256

Mailing Address
ATTN: FRAN HARP
PO BOX 411248
CHARLOTTE, NC 28241-1248



07052006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3258043	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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.

000000569589
07/12/06-80004-006 500.00

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006

In accordance with s. 607.193(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

DOCUMENT #	G68849
NAME	PERDUE, INC.
STREET ADDRESS	8443 BAYMEADOWS ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32256

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Kenneth Mahoney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/6/06 (904) 737-5858

Date Daytime Phone #

STAPLE CHECK HERE