

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**  
**May 09, 2007 08:00 A**  
**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**



05072007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3258043</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**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

DATE

**FILE NOW!!! FEE IS \$500.00  
Due by September 14, 2007**

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 #	<b>G68849</b>
NAME	<b>PERDUE, INC.</b>
STREET ADDRESS	<b>8443 BAYMEADOWS ROAD</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>

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U00000763062  
05/29/07-80039-008 500.00

**DO NOT WRITE  
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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:**

*Frances M. Harp* **FRANCES M. HARP**

Date

Daytime Phone #

5/7/07

704-357-0900

STAPLE CHECK HERE