


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 JAN -5 PM 4: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership TWC NINETY-TWO PARTNERS, LTD.		1a. DOCUMENT # A96000000565			
Mailing Address 6200 COURTNEY CAMPBELL CAUSEWAY, STE. 600 TAMPA FL 33607		Principal Office Address 6200 COURTNEY CAMPBELL CAUSEWAY, STE. 600 TAMPA FL 33607		3. Date Formed or Registered 03/22/1996 3a. Date of Last Report 12/22/1997 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$50.00 5b. Amount of Capital Contributions in FLORIDA to date: <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. FEI Number 59-3370929 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLA., INC 390 N. ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) TWC NINETY-TWO, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6200 COURTNEY CAMPBEL		11b. City, State & Zip Code TAMPA FL 33607	
11c. Registration/Document Number P96000010728		700002755707--6 -01/27/89--01002--025 *****141.25 *****141.25 T.J.C. JAN - 5 1999			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
TWC Ninety-Two Partners, Ltd. SIGNATURE By: TWC Ninety-Two, Inc. By: <u>Debra F. Koehler</u> DATE: <u>12/23/98</u> Debra F. Koehler, Senior Vice President 813/281-8888 Typed or Printed Name of General Partner Signing Form Daytime Telephone Number					

CR2E003 (8/88)