


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000000565**

1. Entity Name  
**TWC NINETY-TWO PARTNERS, LTD.**



Principal Place of Business  
**655 N. FRANKLIN ST., SUITE 2200  
 TAMPA, FL 33602**

Mailing Address  
**655 N. FRANKLIN ST., SUITE 2200  
 TAMPA, FL 33602**



2. Principal Place of Business  
 Suite, Apt #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

Country

01292004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3370929**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MDCONOUGH, BRIAN J  
 2200 MUSEUM TOWER  
 150 WEST FLAGLER STREET  
 MIAMI, FL 33130**

**7. Name and Address of New Registered Agent**

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 **\$100.00**

**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 #	P96000010728	STREET ADDRESS	
NAME	TWC NINETY-TWO, INC.	CITY - ST - ZIP	
STREET ADDRESS	655 N. FRANKLIN ST., SUITE 2200		
CITY - ST - ZIP	TAMPA, FL 33602		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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 Ninety-Two Partners, Ltd., By: **TWC Ninety-Two, Inc.**

SIGNATURE: By: Brenda H. Storey **4/27/04** (813) 281-8888  
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**Brenda H. Storey, Chief Financial Officer**