


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
2005 APR 29 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3370929	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 Brenda H. Storey Street Address (P.O. Box Number is Not Acceptable) 655 N. Franklin Street, Suite 2200 Tampa, FL 33602	
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 <u>Brenda H. Storey</u> DATE <u>4-15-05</u> <small>Signature, typed or printed name of registered agent and date, if applicable.</small>				9. Capital Contributions as Shown on record. \$100.00	
10. Amount of Capital Contributions in FLORIDA to date. \$100.00				\$8.75 Additional Fee Required	
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 NAME TWC NINETY-TWO, INC. STREET ADDRESS 655 N. FRANKLIN ST., SUITE 2200 CITY-ST-ZIP TAMPA, FL 33602			STREET ADDRESS CITY-ST-ZIP 600054917526 05/20/05--01044--016 **141.25		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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: <u>Brenda H. Storey</u> DATE <u>4-15-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Brenda H. Storey Chief Financial Officer					

STAPLE CHECK HERE