


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000000565**

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



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

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04052007    Chg-LP    CR2E003 (12/06)

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**

**STOREY, BRENDA H**  
**655 N. FRANKLIN ST., SUITE 2200**  
**TAMPA, FL 33602**

**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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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  
NAME    TWC NINETY-TWO, INC.  
STREET ADDRESS    655 N. FRANKLIN ST., SUITE 2200  
CITY-ST-ZIP    TAMPA, FL 33602

STREET ADDRESS    \_\_\_\_\_  
CITY-ST-ZIP    \_\_\_\_\_

DOCUMENT #    \_\_\_\_\_  
NAME    \_\_\_\_\_  
STREET ADDRESS    \_\_\_\_\_  
CITY-ST-ZIP    \_\_\_\_\_

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STREET ADDRESS    \_\_\_\_\_  
CITY-ST-ZIP    \_\_\_\_\_

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

TWC Ninety-Two Partners, Ltd. By: *Brenda H. Storey*  
**SIGNATURE:** \_\_\_\_\_ **APR 19 2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

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

STAPLE CHECK HERE

00000739346  
05/14/07 80024 009 500.00