

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

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**

FILED
03 MAY -2 PM 7:51
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

MJH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3370929**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, JACK
655 N. FRANKLIN ST., SUITE 2200
TAMPA FL 33602**

Name
Brian J. McDonough
Street Address (P.O. Box Number is Not Acceptable)
2200 Museum Tower
150 West Flagler Street
City **Miami** **FL** Zip Code **33130**

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 *Brian J. McDonough*
Signature, typed or printed name of registered agent and title if applicable.

4/27/03
DATE

9. Capital Contributions
as Shown on record. **\$100.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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

900017876489
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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, Inc.

SIGNATURE: *Debra F. Koehler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Debra F. Koehler - Partner Vice President

4-30-03

813-281-8888

Date

Daytime Phone #

CR2E003 (10/02)