

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004265 AV

DOCUMENT # **A96000000567**

**FILED**

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

**02 MAY -1 PM 5:30**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

**DUE BY MAY 1, 2002**

City & State

4. FEI Number **59-3370924** 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**

**B&C CORPORATE SERVICES OF CENTRAL FLA., INC  
390 N. ORANGE AVENUE, SUITE 1100  
ORLANDO FL 32801**

Name  
**Jack Wilson**

Street Address (P.O. Box Number is Not Acceptable)  
**655 North Franklin Street, Suite 2200**

City  
**Tampa** FL Zip Code **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.  
**Jack Wilson, President of TWC 96, Inc., GP of TWC 96 Partners, Ltd.**

SIGNATURE By: **Jack Wilson** DATE **4/30/02**

9. Capital Contributions as Shown on record. **\$100.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$100.00** 11. MAKE CHECK PAYABLE TO 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 # <b>P96000010684</b>	NAME <b>TWC NINETY-SIX, INC.</b>	STREET ADDRESS	
STREET ADDRESS <b>655 N. FRANKLIN ST., SUITE 2200</b>	CITY-ST-ZIP <b>TAMPA FL 33602</b>	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	<b>BK</b>
STREET ADDRESS		CITY-ST-ZIP	<b>400005503564-2</b>
CITY-ST-ZIP			<b>-05/10/02--01080--004</b>
			<b>****141.25 ****141.25</b>
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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STREET ADDRESS		CITY-ST-ZIP	
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-Six Partners, Ltd. By: TWC Ninety-Six, Inc.**

SIGNATURE: By: **John F. Boehle** DATE **4/30/02** 813-281-3888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER President Daytime Phone #

CR2E003 (9/01)