


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

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

**DOCUMENT # A9600000567**

1. Entity Name  
**TWC NINETY-SIX 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      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

01292004    Chg-LP    CR2E003 (10/03)

4. FEI Number      Applied For  
**59-3370924**      Not Applicable

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

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

**MCDONOUGH, 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	
DOCUMENT #	<b>P96000010684</b>
NAME	<b>TWC NINETY-SIX, INC.</b>
STREET ADDRESS	<b>655 N. FRANKLIN ST., SUITE 2200</b>
CITY-ST-ZIP	<b>TAMPA, FL 33602</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

1100000158936  
 05/10/04-80009-024 141.25

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: 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**

STAPLE CHECK HERE