2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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

| DOCUMENT # A9600000567 1. Entity Name TWC NINETY-SIX PARTNERS, LTD. | | | | | Secretary of Star | |
|--|--|--|--|--|---|--|
| 655 N. FRANKLIN ST., SUITE 2200 655 N. F. | | | ng Address N. FRANKLIN ST., SUITE 2200 IPA, FL 33602 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #. etc. | | | 04052007 Chg-LP CR2E003 (12/06) | |
| City & State | | City & State | | | 4. FEI Number Applied For 59-3370924 Not Applicable | |
| Zip Country | | Zip | Zip Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| 6. Name and Address of Curre | | Registered Agent | | Name | 7. Name and Address of New Registered Agent | |
| STOREY, BRENDA H 655 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602 | | | - | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | - | Ciby | ⊏ ∎ Zip Code | |
| | | | na ite registere | City FL Zip Code ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept | | |
| | of registered agent. | or the purpose or changi | ng no registered | a omee or regist | see agon, or som, in the state of thoreas. I am tanimal with, and accordi | |
| Signa | sture, typed or printed name of registered agen | and little r' applicable. | | | DATE | |
| | FILE NO After May 1, | W!!! FEE IS \$500.0 2007, Fee will be \$ | 00 \$900.00 | | | |
| | A GENERAL PARTNER | THAT IS A BUSINESS | S ENTITY MU | JST BE REGIS | STERED AND ACTIVE WITH THIS OFFICE. Int must be filed to change a general partner. | |
| 12. | GENERAL PARTNE | | 13. | | ADDRESS CHANGES ONLY | |
| II | P9600010684 TWC NINETY-SIX, INC. | | | T ADDRESS | | |
| STREET ADDRESS 655 | ADDRESS 655 N. FRANKLIN ST., SUITE 2200 | | | ST-ZIP | ###################################### | |
| DOCUMENT # NAME | | | STREE | T ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-S | ST-ZIP | | |
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| DOCUMENT # NAME | | | STREET | T ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-S | ST-ZIP | | |
| indicated on th | nis report is true and accurate and or trustee empowered to execute TWC Ninety-Six Partner | I that my signature shall h this report as required b | nave the same I by Chapter 620. | legal effect as if | ed in Chapter 119, Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership | |
| SIGNATUR | RE: By: Brenda | _ N. Xlor | | | 41907 | |
| | Brend Chief | R PRINTED NAME OF SIGNING G A. H. Storey Financial Officer | ENERAL PARTNER | | Date Dayline Proce # | |