

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

DOCUMENT # **A96000000567**

1. Entity Name
TWC NINETY-SIX 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 APR 29 AM 8:35
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

RMJH



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 **59-3370924**

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

**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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

DATE

4/27/03

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

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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-Six, Inc.

SIGNATURE:

By: *[Signature]*
SIDNEY K. KOOLED
General Partner/President

4-30-03

813-281-8888

Date

Daytime Phone #

CR2E003 (10/02)

0004341 AV