## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## FILED Apr 17, 2006 08:00 AN Secretary of State

DOCUMENT # A9600000571  1. Entity Name TWC NINETY-TWO, LTD.		The state of the s		Secretary of Stat	
Principal Place of Business	Mailing Address				
655 N. FRANKLIN ST., SUITE 220 TAMPA, FL 33602	•	., Suite 220	00		
2. Principal Place of Business	3. Mailing Address	· · · ·	<del>i</del>		
Suite, Apt. #, etc. Suite, Apt. #, etc.				03142006 Chg-LP	CR2E003 (11/05)
City & State City & State				4. FEI Number 59-3370920	Applied For Nor Applicable
Zip Count	y Zip	Country	/	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Add	ress of Current Registered Agent	<u> </u>		7. Name and Address of New I	
STOREY, BRENDA H			Name		
655 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602			Street Address (I	P.O. Box Number is Not Acceptable)	
			~		
			City		FL Zip Code
The above named entity submits the obligations of registered age	this statement for the purpose of changing it nt.	its registered	office or register	ed agent, or both, in the State of Fl	orida. I am familiar with, and accept
SIGNATURE Signature, typed or printed no	me of registered agent and title if explicable.	- 20,000	<u> </u>		DATE
	FILE NOWIII FEE IS \$500.00 fter May 1, 2006, Fee will be \$90	00.00		,	
<u> </u>	L PARTNER THAT IS A BUSINESS E		ST BE REGIST	ERED AND ACTIVE WITH TH	IIS OFFICE.
NOTE: General	al Partners MAY NOT be changed on NERAL PARTNER INFORMATION	the form;	an amendmen	t must be filed to change a g	eneral partner.
DOCUMENT A96000000565	NEHAL PARTNER INFORMATION	13.		ADDRESS CH	ANGES UNLY
NAME TWO NINETY-TW			ADDRESS		<u> </u>
STREET ADDRESS 655 N. FRANKLIN ST., SUITE 2200 CITY-SI-ZIP TAMPA, FL 33602		CITY-S	T-ZIP		
DOCUMENT #		STALLT	ADDRESS		<del></del>
STREET AODRESS CITY - ST - ZIP		CITY-S	T-ZIP	10000 04/29/06	515557 -80217-001 500.00
DOCUMENT #		STREET	ADDRESS		***
NAME SIREET ADDRESS		CITY-S	T-ZiP		
GOCUMENT #	· · · · · · · · · · · · · · · · · · ·	SIRELI	ADDRESS		
NAME STREET ADDRESS		CITY S	r-ZIP		<u> </u>
DOCUMENT #	<u> </u>	SIREFT	ADDRESS	_	<u>. y</u>
NAME STREET ADDRESS		CITY -S	<b></b>	<u> </u>	<del></del>
DOCUMENT #					
NAME STREET ADDRESS		CITY-S	ADDRESS		<u> </u>
CITY-ST-ZIP		<u> </u>			<u> </u>
or the receiver or trustee empty	tion supplied with this filing does not qualify nd accurate and that my signature shall have vered to execute this report as required by Cl C Ninety-Two, Ltd. By: TWC Ninety-T	r for the exer e the same l hapter 620, wo Partner	inplions contained egal effect as if m Florida Statutes s, Ltd.	u in Chapter 119, Florida Statutes. lade under oath, that I am a Gene	rurther centry that the information rail Partner of the limited partnership
SIGNATURE: B		a XI	Ston	, APR 1 0 2006	813-281-8888
SIGNA	TURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL	RAIL PARENER		Date	Daytime Phone #