

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000573
 Entity Name
 TWC Ninety-Six, Ltd.

FILED
 00 MAY -4 PM 4: 20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 6200 Courtney Campbell Cswy Suite 600
 Tampa, FL 33607 Tampa, FL 33607

Principal Place of Business 3. Mailing Address
 655 North Franklin Street Suite 2200
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 2200 Suite 2200

City & State City & State
 Tampa, FL Tampa, FL
 Zip Country Zip Country
 33602 Hillsborough 33602 Hillsborough

4. FEI Number Applied For
 65-0655680 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 EFC Corporate Services of Central Florida, Inc.
 390 North Orange Avenue, Suite 1100
 Orlando, FL 32801

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
 Capital Contributions as Shown on record. \$3,792,221.00 10. Amount of Capital Contributions in FLORIDA to date. \$3,792,221.00 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.

GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
A96000000567 TWC Ninety-Six Partners, Ltd. 6200 Courtney Campbell Cswy Ste 600 Tampa, FL 33607	STREET ADDRESS CITY-ST-ZIP	655 North Franklin Street, Suite 2200 Tampa, FL 33602	
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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

Signature: By: Debra F. Koehler, Senior Vice President (813) 281-8888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #