2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008

TWC NINETY-SIX, LTD.



Principal Place of Business Mailing Address

DOCUMENT # A96000000573

655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602

655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602

FILED Apr 22, 2008 08:00 AN Secretary of State



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03192008 No Cha-LP

CR2E003 (12/06)

4. FEI Number 65-0655680 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOREY, BRENDA H 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602

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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.	in the State of Florida. I am familiar with, and accept
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND AC	

Į	NOTE: General Partners WAT NOT be changed on the	
Į	12. GENERAL PARTNER INFORMATION	
	DOCUMENT ≠	A9600000567
	NAME	TWC NINETY-SIX PARTNERS, LTD.
	STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200
1	CITY-S1-ZIP	TAMPA, FL 33602
ĺ	DOCUMENT #	
	NAME	
١	STREET ADDRESS	
-	CITY-ST-ZIP	
Ī	DOCUMENT #	
	NAME	
١	STREET ADDRESS	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 employered to exacute this report as required by Chapter 620, Florida Statutes

The partners of the limited partners, Ltd.

The partners of the limited partners of the limited partners, Ltd.

By: TWC Ninety-Six, Inc.
By:

SIGNATURE: By:

CITY-ST-ZIP

STREET ADDRESS CITY - ST - ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP

> SENTER AND TYPE TOPIC TED NAME OF SIGNING GENERAL PARTNER Chief Financial Officer