2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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

1. En	tity Name	MENT # A9600000 Y-FIVE, LTD.	0841			Secretary of State		
655 1	Principal Place of Business 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 Mailing Address 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602							
2, Pri	Principal Place of Business 3. Mailing Address							
Su	uite, Apt	#, etc	Suite, Apt #, etc			03202006 Chg-LP CR2E003 (11/05)		
Ci	ity & State		City & State	City & State		4. FEI Number 59-3385636	Applied For Not Applicable	
Zij	p	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		
655	STOREY, BRENDA H 655 NORTH FRANKLIN STREET, SUITE 2200				Name Street Address (P.O. Bux Number is Not Acceptable)			
TAN	FAMPA, FL 33602							
					City		FL Zip Code	
SIGNATURE Signature, typed or printed name of registored agent and title Fant-Roable FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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; a							
12.		GENERAL PARTNER INFORMATION				ADDRESS CH	HANGES ONLY	
DOCUM NAME STREET	- 1	P96000038139 TWC FIFTY-FIVE, INC. 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602			REET ADDRESS			
CITY-S	5T - ZIP			Cit	Y-\$T-ZiP			
DOCUN				STR	REET ADDRESS		<u> </u>	
CITY-S	T ADDRESS ST - ZIP			CIT	Y-ST-ZIP		0515714	
DOCUM NAME	MENT #			STR	REET ADDRESS	04/29/06	-80217-025 500.00	
STREET CITY-S	T ADDRESS ST-ZIP			CIT	Y-ST-ZIP			
DOCUN	1			STR	REET ADDRESS			
STREET CITY-S	T ADDRESS ST-ZIP			cit	Y-ST-ZIP		-	
DOCUM NAME STREET	- 1			STR	REET ADDRESS			
	T AGDRESS ST-ZIP			GIT	Y-51-21P			
STAPLE STAPLE	- 1	_		STR	REFT ADDRESS			
STREET			<u> </u>		Y-ST-ZIP			
14. (. I hereby certify that the information supplied with this filling 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 employeed to execute this report as required by Chapter 620, Florida Statutes.							

Chief Financial Officer

APR 1 0 2006

SIGNATURE: By::