

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000518**

1. Entity Name  
**TWC NINETY-FIVE 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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052007

Chg-LP

CR2E003 (12/06)

City & State

City & State

4. FEI Number

**59-3445532**

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

**STOREY, BRENDA H  
655 N. FRANKLIN ST., SUITE 2200  
TAMPA, FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P97000018900**  
NAME **TWC NINETY-FIVE, INC.**  
STREET ADDRESS **655 N. FRANKLIN ST., SUITE 2200**  
CITY-ST-ZIP **TAMPA, FL 33602**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**000000739335  
05/14/07-80024-003 500.00**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 empowered to execute this report as required by Chapter 620, Florida Statutes.

TWC Ninety-Five Partners, Ltd. By: TWC Ninety-Five, Inc.

SIGNATURE:

By: **Brenda H. Storey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Brenda H. Storey**  
**Chief Financial Officer**

**4/19/07**

Date

Daytime Phone #

STAPLE CHECK HERE