

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001939

1. Entity Name
TWC Ninety-Three Partners, Ltd.

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

Mailing Address
6200 Courtney Campbell Cswy
Suite 600
Tampa, FL 33607

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

2. Principal Place of Business
655 North Franklin Street
Suite 2200
Tampa, FL

3. Mailing Address
655 North Franklin Street
Suite 2200
Tampa, FL

4. FEI Number
59-3476472

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
McDonough, Brian J. Stearns Weaver Miller Weissler Alhadeff 150 West Flagler Street, Ste 2200 Miami, FL 33130		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. Capital Contributions as Shown on record. \$50.00

10. Amount of Capital Contributions in FLORIDA to date. \$50.00

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
P97000077914 TWC Ninety-Three, Inc. 6200 Courtney Campbell Cswy Ste 600 Tampa, FL 33607		STREET ADDRESS 655 North Franklin Street, Suite 2200	
		CITY-ST-ZIP Tampa, FL 33602	
		STREET ADDRESS	
		CITY-ST-ZIP	100003291961--4 -06/15/00-01093-025 ***141.25 ***141.25
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	

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 **TWC Ninety-Three Partners, Ltd. By: TWC Ninety-Three, Inc.** (813) 281-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Date** _____ **Daytime Phone #** _____

Debra F. Koehler, Senior Vice President