

2001 UNIFORM BUSINESS REPORT (UBR)

0009187 AF

DOCUMENT # A97000001939

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FILED

01 MAY -1 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
TWC NINETY-THREE PARTNERS, LTD.

Principal Place of Business
**655 NORTH FRANKLIN STREET, SUITE 600
TAMPA FL 33602**

Mailing Address
**655 NORTH FRANKLIN STREET, SUITE 600
TAMPA FL 33602**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3476472**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCDONOUGH, BRIAN J
STEARNS WEAVER MILLER WEISSLER ALHADEFF
150 W. FLAGLER ST., STE. 2200
MIAMI FL 33130**

7. Name and Address of New Registered Agent

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.

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.

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	
DOCUMENT #	P97000077914
NAME	TWC NINETY-THREE, INC.
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 600
CITY-ST-ZIP	TAMPA FL 33602
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200004104612--7
CITY-ST-ZIP	-05/02/01--01002--012
STREET ADDRESS	***202.50 ***141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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

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

SIGNATURE: By: **Debra E. Koehler** (813) 281-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Debra E. Koehler, Senior Vice President

CR2E003 (11/00)