A97000001939

TAMPA FL 33602

TWC NINETY-THREE PARTNERS, LTD.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

655 NORTH FRANKLIN STREET. SUITE 600

Mailing Address

655 NORTH FRANKLIN STREET. SUITE 600

TAMPA FL 33602

3. Mailing Address

Suite, Apt. #, etc.

DOCUMENT # 1. Entity Name

City & State		City & State		4. FEI Number 59-3476472			Applied For Not Applicable	1
Zip	Country	Zip	Country 5. Certificate		f Status Desired		8.75 Additional see Required	1
	6. Name and Address of Curre	•	7. Name and Address of New Registered Agent					
	ugh, Brian j Weaver Miller Weissler al	Name Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)					
	AGLER ST., STE. 2200							1
	•							_
MIAMI FL 33130			City		FL	Zip Code		
	named entity submits this statement	for the purpose of changing	its registered office or regi	istered agent, or both	in the State of Floric	da		
SIGNATURE .	Signature, typed or printed name of registered age				DATE		İ	
			of Capital Contributions OA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A GENERAL PARTNER NOTE: General Partners M						ner.	
12. GENERAL PARTNER INFORMATION			13.	ADDRESS CHANGES ONLY				
DOCUMENT # NAME STREET ADDRESS	TWC NINETY-THREE, INC. 655 NORTH FRANKLIN STREET, SUITE 600		STREET ADDRESS CITY-ST-ZIP	RV	•			CR2E003 (9/01)
CITY-ST-ZIP	ZIP TAMPA FL 33602			aV -	BK ************************************			
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STREET ADDRESS CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP					1.
DOCUMENT #			STREET ADDRESS] 、

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
CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

STREET ADDRESS CITY-ST-ZIP

813-281-3888