

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000001939
 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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

03192008 Chg-LP CR2E003 (12/06)

4. FEI Number
 59-3476472

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

6. Name and Address of Current Registered Agent
 STOREY, BRENDA H
 655 NORTH FRANKLIN STREET, SUITE 600
 TAMPA, FL 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000077914	STREET ADDRESS	
NAME	TWC NINETY-THREE, INC.	CITY-ST-ZIP	
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 600		
CITY-ST-ZIP	TAMPA, FL 33602		
DOCUMENT #		STREET ADDRESS	000000914272
NAME		CITY-ST-ZIP	05/08/08-80050-010 500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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.

By: Brenda H. Storey Date: 4-18-08 Phone: 813-281-8888
 SIGNATURE: _____
SIGNATURE AND TITLE OF SIGNING GENERAL PARTNER
Chief Financial Officer