

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009146 AF

**DOCUMENT # A97000002321**  
 1. Entity Name  
**TWC SEVENTY-TWO PARTNERS, LTD.**

**FILED**

Principal Place of Business      Mailing Address  
**655 NORTH FRANKLIN STREET, SUITE 2200**      **655 NORTH FRANKLIN STREET, SUITE 2200**  
**TAMPA FL 33602**      **TAMPA FL 33602**

**01 MAY -1 PM 12: 29**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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 **59-3488779**      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., MUSEUM TOWER STE. 2200**  
**MIAMI FL 33130**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**300004288893--0**  
**-05/23/01--01017--018**  
 City **\*\*\*\*141.25 FL \*\*\*\*141.25**

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 \_\_\_\_\_ (NOT Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      **\$100.00**      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 #	<b>P97000092009</b>
NAME	<b>TWC SEVENTY-TWO, INC.</b>
STREET ADDRESS	<b>655 NORTH FRANKLIN STREET, SUITE 2200</b>
CITY-ST-ZIP	<b>TAMPA FL 33602</b>
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	
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 Seventy-Two Partners, Ltd. By: TWC Seventy-Two, Inc.  
**SIGNATURE: By: Debra F. Koehler, Senior Vice President**      **4/27/01**      **(813) 281-8888**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)