200	2 UNII	FOF	RM BU	SIN	ESS REPO	PRT	(UBI	R)					
DOCUMENT # A9700002321  1. Entity Name								•	FILED				
TWC SEVENTY-TWO PARTNERS, LTD.									02 MAY -1 PM 5: 20				
Principal Place of Business Mailing Address									SE(	CRETARY OF	STATE		
655 NORTH FRANKLIN STREET. SUITE 2200 TAMPA FL 33602				(	655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA FL 33602				TALLAHASSEE, FLORIDA				
2. Principal Place of Business				3.	3. Mailing Address								
Suite, Apt	Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2002				
City & Sta	City & State				City & State				4. FEI Numbe	59-3488779			Applied For
Zip	Zip		Country		Zip Cou		try	· · · · · · ·	5. Certificate of Status Desired S8.75 Addit			Not Applicable  5 Additional	
	6. Name	and Add	dress of Curre	nt Regis	tered Agent	<u> </u>	<del></del>	7. Name and Address of New Registered Agent					
HODON							Name				· g ·	9	
MCDONOUGH, BRIAN J STEARNS WEAVER MILLER WEISSLER ALHADEFF							Street A	ddress (F	P.O. Box Numbe	er is Not Acceptable	)		<u></u>
150 W. FLAGLER ST., MUSEUM TOWER STE. 2200						}			<del></del>				
MIAMI FL 33130						}	City				FL	Zip	Code
8. The above named entity submits this statement for the purpose of changing its re-						registere	d office or	registere	ed agent, or both	n in the State of Flor			
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 Signature, typed or printed name of registered agent and title if applicable											DATE		
9. Capital Contributions as Shown on record. \$100.00					10. Amount of Capital Contributions in FLORIDA to date.				0.00	11. MAKE CHECK	K PAYABLE	TO DE	PT. OF STATE
	A GI	ENERA Genera	L PARTNEI	THAT	IS A BUSINESS EN	TITY MI	UST BE I	REGIST	ERED AND A	CTIVE WITH THE	SOFFICE		MI ONIMATION
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION							ADDRESS CHANGES ONLY						<del></del>
DOCUMENT # NAME	P97000092		NO BIO			STREE	STREET ADDRESS						· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS 655 NORTH FRANKLIN STREET,					E 2200	0170	CITY-ST-ZIP		DV .	,			
CITY-ST-ZIP	TAMPA FL 33602								DV.				
DOCUMENT # NAME						STREE	T ADDRESS						
STREET ADDRESS CITY-ST-ZIP						CITY-S	ST-ZIP		80	000055 - <del>05/10/</del>	042	218	30
DOCUMENT # NAME						STREET	T ADDRESS			<del></del>	<del>92 - 01</del> 1.25 -	<del>101</del> ****	<del>-013</del> ⊁141.25
STREET ADDRESS						CITY-S	ST-71P		<del></del>				
CITY-ST-ZIP DOCUMENT #						╂							
NAME STREET ADDRESS						STREET	T ADDRESS						
CITY-ST-ZIP						CITY-S	ST-ZIP						
DOCUMENT # NAME						STREET	ADDRESS						
STREET ADDRESS CITY+ST-ZIP						CITY-S	T-ZIP		<del></del>				
DOCUMENT#						STREET	ADDRESS						

14. Thereby 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

WC Seventy-Two Partners, Ltd. By: TwC Seventy-Two, Inc.

CITY-ST-ZIP

SIGNATURE: By: SIGNATURE

STREET ADDRESS

CITY-6T-ZIP

SIGNATURE AND TYPED PROBLEM TENAME OF STATE OF THE PARTIES OF STATE OF STAT

1 )4/30/02

813-281-8888

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