FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED 99 JAN -5 PM 4: 30

1. Name of Limited Partnership	A97000002321			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
TWC SEVENTY-TWO PARTNERS, LTD.							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capi	tal Contributions as	
6200 COURTNEY CAMPBELL CAUSEWAY. STE. 600 TAMPA FL 33607	6200 COURTNEY CAMPBELL CAUSEWAY, STE. 60 TAMPA FL 33607		. 600	10/27/1997 3a. Date of Last Report 12/22/1997	\$100.00 5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to da	te:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 59 – 3488779 Applied For APPLIED FOR			
City & State	City & State		ŀ	7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Zip Country			8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent		Name	10. If changed, new Registered Agent/Office				
MCDONOUGH, BRIAN J STEARNS WEAVER MILLER WEISSLER ALHADEFF 150 W. FLAGLER ST., MUSEUM TOWER STE. 2200 MIAMI FL 33130							
		Street Address (P.O. Box Number Is Not Acceptable)					
		Suite, Apt. #, etc.					
		City FL Zip Code					
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)							
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY							
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
11 Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
TWC SEVENTY-TWO, INC.	6200 COURTNEY CAMPBEL		TAM	TAMPA FL 33607		P97000092009	
*		,		0000027 -01/27/ ****14 7.J.C.	9901	1002010 *****144925	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Floride Statutes.

TWC Seventy-Two Partners, Ltd.

SIGNATURE By: TWC Seventy-Two, Inc.

Debra F. Koehler, Senior