| 2001 I | UNIFORM | <b>BUSINESS</b> | REPORT ( | UBR |
|--------|---------|-----------------|----------|-----|
|--------|---------|-----------------|----------|-----|

| DOCUMENT #. A9700002339  TWC SEVENTY-THREE, LTD.  |   |   |                                 |  | FILED  |  |
|---|---|---|---------------------------------|--|--|--|
|   |   |   |                                 |  | 01 MAY -1 PM 5: 25   |  |
| Principal Place of Business Mailing Address       |   | Mailing Address   |                                 |  | SECRETARY OF STATE   |  |
| 655 N. FRANKLIN ST., SUITE 2200<br>TAMPA FL 33602 |   | •   | 655 N. FRANKLIN ST., SUITE 2200 |  | SECRETARY OF STATE TALLAHASSEE, FLORIDA  |  |
|   |   | · · · · · · · · · · · · · · · · · · ·   |                                 |  |  |  |
| 2. Principal Place of Business                    |   | 3. Mailing Address  | 3. Mailing Address              |  | - THE PROPERTY COLD FOR THE THE PROPERTY OR HELD QUITE QUITE QUITE FOR A PROPERTY TO THE PROPERTY OF THE PROPE |  |
| Suite, Apt. #, etc.                               |   | Suite, Apt. #, etc.   | Suite, Apt. #, etc.             |  | DO NOT WRITE IN THIS SPACE   |  |
| City & State                                      |   | City & State  | 1                               |  | 4. FEI Number 59-3485226 Applied For Not Applicable  |  |
| Zip<br>   | Country   | Zip   | Cour                            | ntry   | 5. Certificate of Status Desired S8.75 Additional Fee Required   |  |
| <del></del>                                       | 6. Name and Address of Cu   | urrent Registered Agent   |                                 | Name   | 7. Name and Address of New Registered Agent  |  |
| MCDONOUGH, BRIAN J                                |   |   |                                 |  |  |  |
|   | WEAVER MILLER WEISSLER  | ALHADEFF  |                                 | Street Address (P.O. Box Number is Not Acceptable) |  |  |
| 150 W. FLAGLER ST., MUSEUM TOWER STE. 2200        |   |   |                                 |  |  |  |
| MIAMI FL 33130                                    |   |   |                                 | City FL Zip Code                                   |  |  |
| 8. The above                                      | named entity submits this staten  | nent for the purpose of changing its  | gister                          | ed office or register                              | red agent, or both, in the State of Florida.   |  |
|   |   |   |                                 |  |  |  |
| SIGNATURE   | Signature, typed or printed name of registere                               | d agent and title if applicable. (NOTE  | Registere                       | d Agent signature required                         | when reinstating) DATE   |  |
| <ol><li>Capital Co<br/>as Shown</li></ol>         | V 10 W 1 I  | 10. Amount of Capital in FLORIDA to date  |                                 | \$7,324  | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION  |  |
| -   |   |   |                                 |  | TERED AND ACTIVE WITH THIS OFFICE.   |  |
| 12.   |   | RTNER INFORMATION   | 13.                             | ; an amendmen                                      | t must be filed to change a general partner.  ADDRESS CHANGES ONLY   |  |
| OCUMENT # A97000002324                            |   | STRE  | ET ADDRESS                      |  |  |  |
| NAME<br>Street Address<br>City-St-Zip             | OOO 11. I TUUNKEN OT., OOITE EEGO   |   | CITY                            | -ST-ZIP  |  |  |
| OCUMENT #   | 17/11/ A 1 C 00002  |   | STRE                            | ET ADDRESS   | 70000404555  |  |
| iame<br>Treet address<br>STY-ST-ZIP               |   |   | CITY-                           | -ST-ZIP  | 7000042152873 (***********************************   |  |
| OCUMENT #   | <u>.                                    </u>                                |   | STRE                            | ET ADDRESS   | ***2276.25 ****526.25  |  |
| iame<br>Treet address<br>ITY-ST-ZIP               |   |   | CITY-                           | -ST-ZIP  |  |  |
| OCUMENT #   |   |   | STRE                            | ET ADDRESS   |  |  |
| TREET ADDRESS                                     |   |   | CITY-                           | -ST-ZIP  |  |  |
| OCUMENT #   |   |   | STREE                           | ET ADDRESS   |  |  |
| TREET ADDRESS                                     |   |   | CITY-                           | ST-ZIP   |  |  |
| OCUMENT /   |   | <del>, , , , , , , , , , , , , , , , , , , </del>                               | STREE                           | ET ADDRESS   |  |  |
| TREET ADDRESS                                     |   |   | CITY-                           | ST-ZIP   |  |  |
| 4. Thereby coindicated the receive                | ertify that the information supplied<br>on this report is true and accurate | d with this filing does not qualify for he and that my signature shall have the | e exen                          | nption stated in Sec<br>legal effect as if m       | ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or   |  |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Debra F. Koehler, Senior V ce President