2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

				FIL	_EU
DOCUMENT # A9700002339 1. Entity Name TWC SEVENTY-THREE, LTD.				2005 APR 2	9 PM 2: 00
				SECRETA	RY OF STATE SEE, FLORIDA
Principal Place of Business Mailing Address 655 N. FRANKLIN ST., SUITE 2200 655 N. FRANKLIN ST., SU TAMPA, FL 33602 TAMPA, FL 33602		SUITE 220	00	, _{TĂĹL} AHAS	SEE, FLORIDA
. Principal Place of Business 3. Mailing Address		•			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		03092005 Chg-LP	CR2E003 (10/03)
City & State	City & State			4. FEI Number 59-3485226	Applied For Not Applicable
Zip Country	Zip	Country		5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	J		7. Name and Address of New	······································
MCDONOLICH BRIAN I			Name		
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)		
			Brenda H. Storey 655 N. Franklin Street, Suite 2200		
The above named entity submits this statement to the obligations of registered agent.	or the purpose of changing its	s registered	office or registere	ed agent, or both, in the State of F	lorida. I am familiar with, and accept
Bio do Al	Stan		4)	15/05	
SIGNATURE Signature, Speed or printing name of registrated agent and title if upon table DATE					
9. Capital Contributions as Shown on record. \$7,398,451.00	10. Amount of Capit in FLORIDA to d	ital Contribu	itions 398,457	1,00	
A GENERAL PARTNER	THAT IS A BUSINESS EN	NTITY MU	IST BE REGIST	ERED AND ACTIVE WITH T	HIS OFFICE.
NOTE: General Partners MA 12. GENERAL PARTNE		13.	an amenomen		HANGES ONLY
DOCUMENT # A97000002324			F ADDRESS		
NAME TWC SEVENTY-THREE PARTNERS, LTD. STREET ADDRESS 655 N. FRANKLIN ST., SUITE 2200			ADDRESS		
CITY-ST-ZP TAMPA, FL 33602			ST-ZIP		
DOCUMENT # NAME			T ADDRESS		
STREET ADDRESS City-St-Zip	cr		ST-ZIP		
DOCUMENT # NAME			I ADDRESS	100054	l927631
STREET ADDRESS CITY-ST-ZIP	CIF		ST-ZIP	05/23/05010	1927631 04021 **526.25
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STREET ADDRESS CITY-ST-ZIP			ST-ZIP		· · · · · · · · · · · · · · · · · · ·
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STREET ADDRESS CITY-ST-ZIP	SS		ST-ZIP		
DOCUMENT # NAME	5				
STREET ADDRESS CITY-ST-ZIP	сп		ST-ZIP		
14. I hereby certify that the information supplied wit indicated on this report is true and accurate and the receiver or trusteppending of the receiver.	that my signature shall have	e the same I	legal effect as if m	ction 119.07(3)(i), Florida Statutes nade under oath, that I am a Gene	I further certify that the information ral Partner of the limited partnership or
SIGNATURE: By: By: Brada Al. Ston 4/15/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING CENERAL PARTNER Date Chyline Proce #					
	Chief Financial	Officer			