
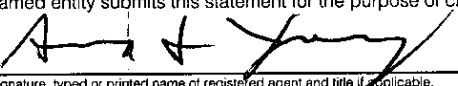


2001 UNIFORM BUSINESS REPORT (UBR)

0001536 AT

DOCUMENT #		A96000001437		FILED		01 AUG 15 PM 12:17	
1. Entity Name		T.T. HIGHLAND ASSOCIATES, LTD.		SECRETARY OF STATE TALLAHASSEE, FLORIDA 			
Principal Place of Business		Mailing Address					
621 NW 53RD STREET, SUITE 450 BOCA RATON FL 33487		621 NW 53RD STREET, SUITE 450 BOCA RATON FL 33487					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DUE BY SEPTEMBER 26, 2001	
City & State		City & State		4. FEI Number 65-0689027		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
YOUNG, IRA L 621 NW 53RD STREET, SUITE 450 BOCA RATON FL 33487				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	
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				Ira L. Young		8/10/01	
		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
9. Capital Contributions as Shown on record.		\$1,000.00		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				13. ADDRESS CHANGES ONLY			
DOCUMENT #	P96000064297			STREET ADDRESS			
NAME	T.T. GP HOLDINGS, INC.			CITY-ST-ZIP			
STREET ADDRESS	621 N.W. 53RD STREET, SUITE 450						
CITY-ST-ZIP	BOCA RATON FL 33487						
DOCUMENT #				STREET ADDRESS	000004539150--5		
NAME				CITY-ST-ZIP	-08/17/01--01004--023		
STREET ADDRESS					****\$550.00 ****\$550.00		
CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
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DOCUMENT #				STREET ADDRESS			
NAME				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							
SIGNATURE:				8-10-2001			
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

CR2E003 (5/01)