

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
99 FEB 24 PM 11:55

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A98000002641
VILLAGE AT TOWN CENTER LIMITED PARTNERSHIP	

*Mailing Address C/O INVESTORS REALTY. LTD., INC. 5728 MAJOR BLVD., SUITE 309 ORLANDO FL 32819		Principal Office Address C/O INVESTORS REALTY. LTD., INC. 5728 MAJOR BLVD., SUITE 309 ORLANDO FL 32819	
2. Mailing Address	2a. Principal Office Address	3. Date Formed or Registered 11/30/1998	5a. Capital Contributions as Shown on record \$1,200,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date. \$1,350,100.00
City & State	City & State	4. State or Country of Formation FL	6. FEI Number 59-3519220
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City

FF \$526.125

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) _____ DATE _____

**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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BROWN VTC, INC. VILLAGE PARTNERS, A FLORIDA	225 EAST REDWOOD STRE 5728 MAJOR BLVD., SUI	BALTIMORE MD 21202 ORLANDO FL 32819	F98000006485 GP9800001039

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, Florida Statutes.

SIGNATURE  DATE **2/10/99**

Typed or Printed Name of General Partner Signing Form **Heidi J. Marling** Daytime Telephone Number **407/351-8879**

CRZE003 (12/98)