



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		FILED 99 APR -7 AM 11:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Name of Limited Partnership T.T. VESTAL ASSOCIATES LIMITED PARTNERSHIP		1a. DOCUMENT # A97000000986			
Mailing Address ONE PARK PLACE 621 NORTHWEST 53RD ST., SUITE 450 BOCA RATON FL 33487		Principal Office Address ONE PARK PLACE 621 NORTHWEST 53RD ST., SUITE 450 BOCA RATON FL 33487		3. Date Formed or Registered 05/05/1997	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 11/10/1997	
				4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record \$1,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date	
				6. FEI Number 65-0750832 <input type="checkbox"/> Applied For Not Applicable	
				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 WARLEN, NEESA B ONE PARK PLACE 621 NORTHWEST 53RD ST., SUITE 450 BOCA RATON FL 33487				10. If changed, new Registered Agent/Office Name IRA L. Young, Esq. Street Address (P.O. Box Number is Not Acceptable) 621 NW 53RD Street Suite, Apt. #, etc. #450 City Boca Raton FL Zip Code 33487	
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) <i>[Signature]</i> DATE 3/31/99					
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) TUTOR TIME VESTAL, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 621 N.W. 53RD STREET,		11b. City, State & Zip Code BOCA RATON FL 33487	
				11c. Registration/Document Number P97000017126	
				300002836673--7 -04/12/99--01127--002 ****141.25 ****141.25 SC 4-9-99	
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 <i>[Signature]</i> DATE 3/31/99					
Typed or Printed Name of General Partner Signing Form DAVID M. KILLEY, Vice President of Daytime Telephone Number (561) 237-2748					

CR2E003 (12/98)