

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

298515

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001694

THE LEARNING CONTINUUM COMPANY, LTD.

FBI/DOJ
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC - 7 AM 10: 54



Mailing Address 2101 N.W. 2ND AVENUE, STE. 5 BOCA RATON FL 33431	Principal Office Address 2101 N.W. 2ND AVENUE, STE. 5 BOCA RATON FL 33431	3. Date Formed or Registered 08/05/1997	5a. Capital Contributions as Shown on record. \$30,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip	3a. Date of Last Report 12/26/1997	4. State or Country of Formation FL
		6. FEI Number 65-0773794	6. FEI Number Applied For Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/>	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 THE LEARNING CONTINUUM COMPANY, INC. 2101 N.W. 2ND AVENUE, STE. 5 BOCA RATON FL 33431	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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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) THE LEARNING CONTINUUM COMPAN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2101 N.W. 2ND AVENUE,	11b. City, State & Zip Code BOCA RATON FL 33431	11c. Registration/ Document Number P97000066844
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800002712838--0
-12/15/98-01041--007
***298.75 ***298.75

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

Typed or Printed Name of General Partner Signing Form

Howard Greenberg

DATE

Daytime Telephone Number

561-362-8028

CR2E003 (8/98)