

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 29 PM 3:29

1. Name of Limited Partnership

1a. DOCUMENT #
A08081

ONE GLENWOOD ASSOCIATES, LTD.



Mailing Address % FIRST WINTHROP CORPORATION FIVE CAMBRIDGE CENTER CAMBRIDGE MA 02142		Principal Office Address % FIRST WINTHROP CORPORATION FIVE CAMBRIDGE CENTER CAMBRIDGE MA 02142		3. Date Formed or Registered 10/30/1979	5a. Capital Contributions as Shown on record. \$2,178,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 11/12/1997	5b. Amount of Capital Contributions in FLORIDA to date: 341,946
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation MA	
City & State		City & State		6. FEI Number 04-2681258	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		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

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
STE 105
TALLAHASSEE, FL FL 32301

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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) LINNÆAUS WASHING REALTY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) FIVE CAMBRIDGE CENTER	11b. City, State & Zip Code CAMBRIDGE MA 02142	11c. Registration/Document Number B92000000045
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-10/02/98--01036--012
****526.25 ****526.25

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.

By: Winthrop Financial Associates, A Limited Partnership, general partner of
SIGNATURE the general partner By: Peter Braverman
DATE 9/18/98

Typed or Printed Name of General Partner Signing Form

Peter Braverman

DATE

516 681 3636

CR2E003 (8/98)