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

1. Name of Limited Partnership

1a. DOCUMENT # **A30591**

SECRETARY OF STATE DIVISION OF CERPORATIONS

98 SEP 18 PM 1: 20

ORAVEC ENTERPRISES, I	LTD.				
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.	
13205 OLD CRYSTAL RIVER ROAD	13205 OLD CRYSTAL RIVER RI	13205 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601			
BROOKSVILLE FL 34601				\$10,000,000.00	
				5b. Amount of Capital Contributions In FLORIDA	
2. Mailing Address	20 01 10% 41		4. State or Country of Formation	Contributions In FLORIDA to date:	
Z. Mailing Address	28. Principal Office Address	Za. Principal Office Address			
Suite, Apt. #, etc.	Sulte, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		59-3028703	Not Applicable	
71-		Zip Country		\$8.75 Additional Fee Required	
Zip Country	ZIP			f State (See reverse side for fee information)	
		·			
9. Name and Address of Current Registered Agent		Name	10. If changed, new Registered Agent/Office Name		
ORAVEC, ANDREW, JR.		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
13205 OLD CRYSTAL RIVER ROAD Brooksvill e fl 34601		Suite, Apt. #, etc.			
DROOKSVILLE 1 E 34001					
		City		FL_ Zip Code	
for the purpose of changing its registered of agent. I am familiar with, and accept the ob-	.1051 and 620.192, Floride Statutes, the above-na office or registered agent, or both, in the State of Fl obligations of section 620.192, Florida Statutes.	med limited partne orida. Such chang	riship organized or registered under the laws of t e was authorized by its ge neral partner(s). I here	ne State of Flo rids , submits this statement by accept the ap pointment of registered	
A GENERAL PARTNER T	HAT IS A CORPORATION, MUST BE REGISTERED A	LIMITED ND ACTIV	PARTNERSHIP OR OTHI E WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office	eral Partner Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
ORAVEC, ANDREW, JR.	13205 OLD CRYSTAL F	RIV	BROOKSVILLE FL 34601		
ORAVEC, JANICE M.	13205 OLD CRYSTAL F	13205 OLD CRYSTAL RIV		,	
TAYLOR, SHARON O.	13209 OLD CRYSTAL F	13209 OLD CRYSTAL RVR		$ \mathcal{A}\rangle$	
LOWMAN, BEVERLY	13201 OLD CRYSTAL F	RVR	BROOKSVILLE FL		
			4000026 -03/22/ *****\$	'9801 0 40 - 003 '	
Note: General partners MAY	NOT be changed on this for	m; an ame	endment must be filed to ch	ange 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

empowered to execute this report as required by chapter 620, Florida Statutes.

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the sevent that the information supplied is deemed exempt from public access. I further certify that I am a General Partner of the limited partnership, receiver or trustee