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 DEPART Sandre B. I Secretary DIVISION OF CO | Mortham of State | | FILED 99 FEB 16 PH 1: 35 |
|--|--|--|---|--|
| 1. Name of Limited Partnership | 1a. DOCUMI A32190 | | | SECHE MASSEE, FLORE |
| BREEN POWER PARTNERS | , LTD. | | | |
| Malling Address | Principal Office Address | Principal Office Address | | 5a. Capital Contributions as Shown on record. |
| P.O. BOX 67 6 Ponte Vedria deach fl-82004 | 2 17 PONTE VEDRA PARK DR IVE PONTE VEDRA BEACH FL 32082 058 7 | | 11/05/1991 3a. Date of Last Report | \$15,173,731.00 |
| | | | 10/10/1997 | 5b. Amount of Capital Contributions in FLORIDA to date |
| 2. Malling Address 10151 Deer wood Rark | 2a. Principal Office Address | | 4. State or Country of Formation | 75,113,731.00 |
| Suite, Apt. #, etc. Bldg. 100, Ste 410 City & State | Suite, Apt. #, etc. | | | Applied For Not Applicable |
| JACK SON VILLE, FL. | | Country | 7. Certificate of Status Desired | \$8.75 Additional Fae Required |
| 32256 DUVAL | 219 | Country | 8. Make check payable to Dept of | State (See reverse side for fee information) |
| 9. Name and Address of Cur | rent Registered Agent | Name | 10. If changed, new Registered | d Agent/Office |
| KOEGLER, STEVEN C. - 217 PONTE VEDRA PARK DRIVE - PONTE VEDRA BEACH FL 32082 | | Streel Address (P.O. BOX Number Is No! Acceptable) 10151 Deerwood Rark Blvd, B-100, #40 Suite, Apl F. etc. Polog. 100 Shife 410 City Jacksonville FL 32256 | | |
| 10a. Pursuant to the provisions of sections 620.105: for the purpose of changing its registered office egent. I am familiar with, and accept the obligat | t and 620.192, Elorida Statutes, the above-named or registered apends of but in the State of Florida tions of seation \$20,192, Elorida Statutes | limited partyership orga a Soch manige was au | anized or registered under the laws of the thorized by its general partner(s). I hereb | s State of Florida, submits this statement y accept the appointment of registered |
| SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA | | ── ─ IMITED PAR | TNERSHIP OR OTHE | R BUSINESS ENTITY |
| | IST BE REGISTERED AND Address of Each General | | | Registration/ |
| RICHARTZ, LEON E. | 11a. (Do NOT Use Post Office Box | Numbers) | Y BISCAYNE FL 33149 | 11c. Document Number |
| | 445 GRAND BAY APT. 6 | DR. | 200002 -02/19 | 7812021 /9901098005 26.25 ****526.25 |
| | | | AL | FEB 1 6 1990 |
| Note: General partners MAY NO | | | | |
| I do hereby certify that the information supplied wit Corporations from any liability of non-compliance withis annual report is true and securate and that my empowered to execute this report as required by one of the complex of the c | with Section 119.07(3)(k) in the event that the inform signature shall have the same legal effects as if r | mation supplied is deer | ned exempt from public access. I further er certify that I am a General Parther of t | certify that the information Indicated on the limited partnership, receiver or trustee |
| SIGNATURE Jun 2 | | | | 122/99 |
| yped or Printed Name of General Partner Signing Form | LEON E. RICHART | 1t | Daytime Telephone Number_ 30 | 05 361-997) |