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

DOCUMENT # Δ Q70000000642

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 OCT 15 AM 9: 02

	A37000000 1 2	-		
OAKMONT, LTD.				
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as	
P.O. BOX 1748 WINTER PARK FL 32790	- 2467 ALOMA AVENUE 	03/14/1997 3a. Date of Last Report 12/12/1997	\$7,500.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address 2479 ALOMA AV	4. State or Country of Formation	to date:	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State	6. FEI Number 59-3435564	Applied For Not Applicable	
Zip Country	WINTER PARK,	7. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
	32792	8, Make check payable to: Dept. o	f State (See reverse side for fee information)	
9. Name and Address of Current	Registered Agent	10. If changed, new Register	ad Agent/Office	
BATTAGLIA, W.P. 222 WEST COMSTOCK AVE., SUITE 101		Name		
		Street Address (P.O. Box Number Is Not Acceptable)		
WINTER PARK FL 32789	Suite,	Apt. #, etc.		
	Cîty		FL Zip Code	
agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	pistered agent, or both, in the State of Florida. Such o f section 620.192, Florida Statutes.	hange was authorized by its general partner(s). I here DATE DATE	by accept the appointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Number	441-	11c. Registration/	
EMBREE PARKER,INC.	1300 NORTH SEMORAN BL	ORLANDO FL 32857-4738		
CD ONE, INC.	2487 ALOMA AVENUE	WINTER PARK FL 32792	P97000023397 J41911	
		5000026 -10/20/ ****1	684055 9801073023	

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

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Typed or Printed Name of	General Pa	atiner Signing	Form

SIGNATURE