FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

FILED 99 MAR 31 AM 11: 14



LOT 4 OEC LTD.	<u>A9700000</u>	<u> </u>				<u> </u>
Mailing Address	Principal Office Address		}	3. Date Formed or Registered	5a . c	apital Contributions as
1266 FURNACE BROOK PARKWAY, SUITE 104 QUINCY MA 02169	215 NORTH EOLA DRIVE ORLANDO FL 32801			05/05/1997 3a. Date of Last Report	\$250,000.00	
				10/31/1997	Contr	nl of Capital butions in FLORIDA
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to dale	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 68-2319513 Applied For APPLIED FOR Not Applicable		
City & State	City & State	City & State				
Zip Country	Zip Country			7. Certificate of Status Desired \$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		10. If changed, new Registered Agent/Office				
KANTOR, HAL H 215 NORTH EOLA DRIVE ORLANDO FL 32801		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.				
		Crty			FL	Zip Code
10a. Pursuant to the provisions of sections 620.1051 er for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation	registered agent, or both, in the State of Flor					
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	IS A CORPORATION,	LIMITED	PART	NERSHIP OR OTHE	R BUS	INESS ENTITY
	ST BE REGISTERED AN				1 44	Registration/
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo	x Numbers)	11b.	City, State & Zip Code	11c.	Document Number
BRENATA CORP.	1266 FURNACE BROOK PA		QL	QUINCY MA 02169		97000038174
	}			600002 -04/07 ****16	832 7890 41.25	4 OE:3: 1074006 ****\$26,25
				hc . 7.99		
Note: General partners MAY NO	T be changed on this form	n; an ame	endmei	nt must be filed to cha	⊔ inge a g	eneral partner.
12. I do hereby certify that the information supplied with the from any liability of non-compliance with Section 119 is true and accurate and that my signature shall have	.07(3)(k) in the event that the information supp	olied is deamed	exempt from	n public access. I further certify that the	information in	dicated on this annual report

Daytime Telephone Number