

2001 UNIFORM BUSINESS REPORT (UBR)

0017096 AF
536-25

DOCUMENT # A97000000990

1. Entity Name

LOT 4 OEC LTD.

FILED

01 APR 23 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 215 NORTH EOLA DRIVE, ORLANDO FL 32801
Mailing Address: 1266 FURNACE BROOK PARKWAY, SUITE 104, QUINCY MA 02169

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **58-2319513**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANTOR, HAL H
215 NORTH EOLA DRIVE
ORLANDO FL 32801

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$250,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000038174**
NAME **BRENATA CORP.**
STREET ADDRESS **1266 FURNACE BROOK PARKWAY, SUITE 104**
CITY-ST-ZIP **QUINCY MA 02169**

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS **200004193842--2**
CITY-ST-ZIP **-05/11/01--01003--025**
*****1491.25 ****526.25**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 4-17-01 Daytime Phone #: 617-7201955

CR2E003 (11/00)