

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A97000000991**

1. Entity Name

LOT 5 OEC LTD

FILED

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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 | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 4. FEI Number 58-2319519 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

KANTOR, HAL H
215 NORTH EOLA DRIVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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 | |
| STREET ADDRESS 1266 FURNACE BROOK PARKWAY, SUITE 104 | CITY-ST-ZIP QUINCY MA 02169 | CITY-ST-ZIP | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | CITY-ST-ZIP | |
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| STREET ADDRESS | CITY-ST-ZIP | CITY-ST-ZIP | |

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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: **4-17-01 017-770-1955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____

CR2E003 (11/00)