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

438.75

LIMITED PARTNERSHIP **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

FILED

1999	DIVISION O	F CORPORATIONS	99 MAR 31 /	M1: 14
1. Name of Ulmited Partnership	1a. DOCUMENT # A9700000992		SEGRÉTARY C	er (s. 1764). Halistofia (s. 1884). Halistofia (s. 1884).
LOT 6 OEC LTD				
Mailing Address	Principal Office Address		3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record
1266 FURNACE BROOK PARKWAY, SUITE 104 Quincy Ma 02169	215 NORTH EOLA DRIVE ORLANDO FL 32801		05/05/1997 3a. Dale of Last Report 10/31/1997	\$50,000.00  5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc City & State		6. FEI Number 49-34  APPLIED FOR	507ω9□ Applied For Not Applicable
Zip Country	Zip Country		7. Certificate of Status Desired 8. Make check payable to Dept o	\$8.75 Additional Fee Required   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		Street Address (P.O. Box Number Is Not Acceptable)  Suite: Apt. #, etc.  City  FL Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT MUS	registered agent, or both, in the State of Fi is of section 620.192, Florida Statutes  IS A CORPORATION BT BE REGISTERED A	, LIMITED PA	s authorized by its general partner(s) There  DATE  ARTNERSHIP OR OTH	by accept the appointment of registered
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)		b. City, State & Zip Code	11c. Registration/ Document Number
BRENATA CORP.	1266 FURNACE BROOK PA		QUINCY MA 02169	P97000038174
			記録の100a -04/0 ***1 り	7833:4087 7/3301074006 641.25 ****438.75
Note: General partners MAY NOT	be changed on this for	m: an amend	ment must be filed to ch	ange 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 empowered to execute this report as required by chapter 620. Florida Statutes

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Daylime Telephone Number