

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB 10 AM 9:06

1. Name of Limited Partnership

1a. DOCUMENT #
A26999

MAS TWO LIMITED PARTNERSHIP



Mailing Address

% REALVEST PARTNERS, INC.
2200 LUCIEN WAY, SUITE 350
MAITLAND FL 32751-7019

Principal Office Address

% REALVEST PARTNERS, INC.
2200 LUCIEN WAY, SUITE 350
MAITLAND FL 32751-7019

3. Date Formed or Registered

09/02/1988

5a. Capital Contributions as
Shown on record.

\$5,500,000.00

3a. Date of Last Report

01/02/1996

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

OH

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

31-1249267

☐ Applied For
☐ Not Applicable

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Elise K. Winters

Street Address (P.O. Box Number Is Not Acceptable)

600 Cleveland Street, Suite-948

Suite, Apt. #, etc.

Suite 940

City

Clearwater

FL

Zip Code

34615

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

DATE

2/6/97

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

~~MAS TWO GENERALS, A GEORGIA~~
~~MAS TWO GENERAL PARTNERS,~~
~~INC.~~

~~1105 SCHROCK ROAD, SU~~
~~2200 LUCIEN WAY,~~
~~SUITE 350~~

~~COLUMBUS OH 43228~~
~~MAITLAND, FL 32751~~

~~694014900022~~
~~P95000014781~~

MAS TWO GENERALS, A
GA joint venture
amendment filed
2-10-97
mas two general partners, Inc.

1105 Schrock Road
Suite 206

Columbus, OH

400002087114-7

2200 Lucien way, suite
350

Maitland, Fl. 32751

P95000014781
CR 213

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

SIGNATURE

DATE

18 DA 96

Typed or Printed Name of General Partner Signing Form

GEORGE D. LIVINGSTON

Daytime Telephone Number

407-875-9489

CR2E003 (6/96)