FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT # A28702

1. Name of Limited Parlinership

Mayatain Toust Limited

Mountain	11031 -1111	,-			
			DO NOT WRITE IN THIS SPACE.		
2. Mailing Address 2708-A Power Mill Ct	108-A Yower Mill Ct. 2708-A Power Mill Ct.		4. Date Formed or Registered To Do Business in Florida 07/31/89		
Suite, Apt. #, etc.			5. FEI Number		Applied For
City & State	City & State		59-296202	2	Not Applicable
Tallahussee, Horida	allahassee		6. CERTIFICATE OF STATUS DESII		/s Additional Lectequiu d
32301 Country	Zip Count	'y			or a Cerbficate of Stabus
8a. Capital Contributions as Shown	32301		7. State or Country of Formation	Flor	ian
on Record 92,000.00 8b. Amount of Capital Contributions in FLORIDA to date 92,000.00 9. Name and Address of Current Robert E Watts, J 2708-A Power mill Tall whassee, FL 3 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 obligations SIGNATURE (Registered Agent Accepting Appointment).	\$437.50, for each ye 2.) Supplemental Fee(se): 3.) Penalty Fee(se): \$500 Note: If the amount entered in 8b appropriate filing fee. Registered Agent C+. 2.3.0) 620.192, Florida Statutes, the above-name registered agent, or both, in the State of Florida Statutes.	ar due this office. : \$88.75 for each year due : \$88.75 for each year due ponally fee for each year r is greater than amount ente Name Street Address (P.O. B Suite, Apt. #, etc. City d limited partnership organida Such change was aut	10. If changed, new registered ox Number 10. At equipment 10. ***********************************	agent/office agent/office 26.25 FL State of Florid y accept the i	slong with a separate and 163-003 ***1026, 25 26 26
	BE REGISTERED AN	D ACTIVE WIT		DOGI	
11. Names of Genera: Partrior(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	11a.	Registration Document Number
Robert E Walls Jr	2708-A Power N	rinct. Tay	lahassee, FL 32301	A	28702
		ST	ITEMENT 19	98	
Nata Assessed to the second				<u></u>	
Note: General partners MAY NOT					
12. I do hereby certify that the information supplied with th	is filing is voluntarily furnished and does not	qualify for the exemption s	stated in Section 119.07(3)(k), Florida Sta	itutes, fireleas	e 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 only I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by supplier 62. Florida Statutes.

SIGNATURE.

Typed or Printed Name of General Partner Signing Form _____