

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 14 AM 7:49

1. Name of Limited Partnership MOUNTAIN TRUST LIMITED		1a. DOCUMENT # A28702
Mailing Address 2708-A POWER MILL COURT TALLAHASSEE FL 32301	Principal Office Address 2708-A POWER MILL COURT TALLAHASSEE FL 32301	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	

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3. Date Formed or Registered 07/31/1989	5a. Capital Contributions as Shown on record \$92,000.00
3a. Date of Last Report 07/21/1998	5b. Amount of Capital Contributions in FL (USDA) to date
4. State or Country of Formation FL	
6. FEI Number 59-2962022	☐ 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 WATTS, ROBERT E., JR. 2708-A POWER MILL COURT TALLAHASSEE FL 32301		10. If changed, new Registered Agent/Office Name 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 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 _____			
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) ROBERT E. WATTS, JR.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2708-A POWER MILL COU	11b. City, State & Zip Code TALLAHASSEE FL	11c. Registration Document Number 3111526125 3111526125

CR2E003 (8/98)

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 1/10/99

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____