

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A28702

1. Name of Limited Partnership

MOUNTAIN TRUST LTD.

A28702

10/11/02

2. Principal Office Address

6007 LOVE RIDGE DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLA FL

City & State

Zip

Country

32312-1581

US

Zip

Country

8. Name and Address of Current Registered Agent

Name

ROBERT E WATTS

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

6007 LOVE RIDGE DR

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

4. Date Formed or Registered
To Do Business in Florida

1990?

5. FEI Number

59-2962022

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

92000.00

7b. Amount of Capital Contributions in FLORIDA to date:

22404

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
- 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
- 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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.

R. Watts

SIGNATURE (Registered Agent Accepting Appointment)

DATE 11/16/02

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

10.

Name(s) of General Partner(s)

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

City, State and Zip Code

10a.

Registration
Document Number

Robert E. WATTS JR.

6007 LOVE RIDGE DR.

Tallahassee, FL
32312

A28702

2002

VBR

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Bj

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 R. Watts

DATE 11/16/02

Typed or Printed Name of General Partner Signing Form Robert E. WATTS JR.

Telephone Number 850-894-5754

CR2E039 (10/02)