2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000647

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
MOUNTAIN FAMILY, LTD.

Principal Place of Business	Mailing Address
525 SOUTH FLAGLER DRIVE. UNIT 22-A WEST PALM BEACH FL 33401	525 SOUTH FLAGLER DRIVE. UNIT 22-A WEST PALM BEACH FL 33401-5901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
16622 Traders Xing		16622 Traders Xing	
Suite, Apt. #, etc.: N # 202		Suite, Apt. #, etc.: N # 202	
City & State: Jupiter, FL		City & State: Jupiter, FL	
Zip: 33477	Country: USA	Zip: 33477	Country: USA

4. FEI Number 65-0494049 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOUNTAIN, CHARLES T
525 SOUTH FLAGLER DRIVE, UNIT 22-A
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $740,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L94000000200	STREET ADDRESS	16622 Traders Xing N#202
NAME	ADVANCE MANAGEMENT GROUP, L.C.		
STREET ADDRESS	525 SOUTH FLAGLER DRIVE, UNIT 22-A	CITY - ST - ZIP	Jupiter, FL, 33477
CITY - ST - ZIP	WEST PALM BEACH FL 33401		
DOCUMENT #		STREET ADDRESS	900003219089--6
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CR2E003 (9/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED C T. Mountain 4/1/00 (561) 741-7125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #
Authorized Agent