2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A94000000647

1. Entity Name

MOUNTAIN FAMILY, LTD.

FILED
01 APR 16 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
16622 TRADERS XING N. APT. 202 JUPITER FL 33477	16622 TRADERS XING N. APT. 202 JUPITER FL 33477

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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: Mountain, Charles T.
Street Address (P.O. Box Number is Not Acceptable): 16622 Traders Xing N # 202
City: Jupiter FL Zip Code: 33477

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: C.T. Mountain — C.T. Mountain [illegible]/Authorized Agent 4-10-01
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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	L94000000200 ADVANCE MANAGEMENT GROUP, L.C. 16622 TRADERS XING N, APT. 202 JUPITER FL 33477	STREET ADDRESS / CITY-ST-ZIP	400004133454--7
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CR2E003 (11/00)

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 Authorized Agent — 4-10-01 — (561) 741-1125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #