

DOCUMENT # **A99000001493**

1. Entity Name

MOUNTAIN ONE VENTURES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

.00 FEB 18 AM 8:51

| | |
|--|---|
| Principal Place of Business 3404 WAKE FOREST ROAD SUITE 201 RALEIGH NC 27609 | Mailing Address 3404 WAKE FOREST ROAD SUITE 201 RALEIGH NC 27609-7341 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|-------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEL Number 56-2156379 | Applied For Not Applicable |
| Suito. Apt. #. etc. | | Suite. Apt. #. etc. | | | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | |

| | | | | | |
|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent TURNER, SUSAN K 6033 34TH STREET W. #56 BRADENTON FL 34205 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|---|-----------------|---|--|
| 9. Capital Contributions by Statement on Record | \$900.00 | 10. Amount of Capital Contributions in FLORIDA to date. | |
|---|-----------------|---|--|

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 # | WATERS, CHRISTOPHER R TRUSTEE | STREET ADDRESS | |
| NAME | 3404 WAKE FOREST ROAD, SUITE 201 | CITY-ST-ZIP | |
| STREET ADDRESS | RALEIGH NC 27609 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| DIRECT ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall be deemed to be a true and accurate statement of the facts stated herein.

SIGNATURE: Christopher R. Waters, Trustee Date: 1-31-00 Daytime Phone #: (919) 755-5811

CR2000 (09/01)