

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001493

1. Entity Name

MOUNTAIN ONE VENTURES LIMITED PARTNERSHIP

FILED

02 JAN 16 PM 2: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3404 WAKE FOREST ROAD SUITE 201 RALEIGH NC 27609	Mailing Address 3404 WAKE FOREST ROAD SUITE 201 RALEIGH NC 27609
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number 56-2156379	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURNER, SUSAN K
6033 34TH STREET W. #56
BRADENTON FL 34205**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$900.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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
	WATTERS, CHRISTOPHER R TRUSTEE	3404 WAKE FOREST ROAD, SUITE 201	RALEIGH NC 27609

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **1-10-02 919-850-0880**
Date Daytime Phone #

STAPLE CHECK HERE

CB2F003 (5/01)