

DOCUMENT # **A99000001494**

1. Entity Name

MOUNTAIN TWO VENTURES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 18 AM 8:52

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
56-2156380

Applied For
Not Applicable

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. Capital Contributions
as Shown 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.

11. GENERAL PARTNER INFORMATION

DOCUMENT # P99000079699
NAME FLORIDA MASTER MIND, INC.
STREET ADDRESS 3404 WAKE FOREST ROAD, SUITE 201
CITY- ST- ZIP RALEIGH NC 27609

12. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY- ST- ZIP n/a 2/29/00

DOCUMENT #
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CITY- ST- ZIP

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CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(4)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Christopher R. Watters, President of Florida Master Mind, Inc.

1-31-00 (919) 755-5811

CREATED 10/00