

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 56-2156380	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
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 _____ (NOTE: Registered Agent signature required when necessary) DATE _____

9. Capital Contributions as Shown on record. \$900.00	10. Amount of Capital Contributions in FLORIDA to date. _____
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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.

11. GENERAL PARTNER INFORMATION	12. ADDRESS CHANGES ONLY
DOCUMENT # P99000079699 NAME FLORIDA MASTER MIND, INC. STREET ADDRESS 3404 WAKE FOREST ROAD, SUITE 201 CITY-ST-ZIP RALEIGH NC 27609	STREET ADDRESS _____ CITY-ST-ZIP nc/2/29/00
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS 9000003156039-5 CITY-ST-ZIP -03/03/00--01023--004 ****141.25 ****141.25
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	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: *Christopher R. Watters* Christopher R. Watters, President of Florida Master Mind, Inc.

1-31-00 (919) 755-5811

CREATED 10/00