
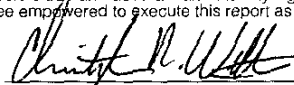


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 21 PM 3: 38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A99000001494					
1. Entity Name MOUNTAIN TWO VENTURES LIMITED PARTNERSHIP					
Principal Place of Business 3100 GURALEIGH ROAD #200 RALEIGH, NC 27612			Mailing Address 3100 GURALEIGH ROAD #200 RALEIGH, NC 27612		
2. Principal Place of Business 8712 Bell Grove Way Suite, Apt. #, etc.		3. Mailing Address 8712 Bell Grove Way Suite, Apt. #, etc.			
City & State Raleigh, NC		City & State Raleigh, NC		4. FEI Number 56-2156380	
Zip 28632		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P99000079699		STREET ADDRESS	8712 Bell Grove Way	
NAME	FLORIDA MASTER MIND, INC.		CITY-ST-ZIP	Raleigh, NC 28632	
STREET ADDRESS	3100 GURALEIGH ROAD #200				
CITY-ST-ZIP	RALEIGH, NC 27612				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			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 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: 			Christopher R. Watters, President, GP		2/17/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>



02102004 Chg-LP CR2E003 (10/03)

4. FEI Number 56-2156380 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

STAPLE CHECK HERE

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