UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # A99000 1. Entity Name MOUNTAIN TWO VENTURES LIMITED PART				FILED	
Oderical Disease (Decision)		SO WE	100	03 101	24 PM 3:20
Principal Place of Business 404 WAKE FOREST ROAD SUITE 201	Mailing Address 3404 WAKE FOREST ROAD SUITE 201		ļ	SECRE	TAKY OF STATE JASSEE FLORIDA
ALEIGH NC 27609 RALEIGH NC 27609 2. Principal Place of Business 3. Mailing Address		Lul D			IASSEE FLORIDA
Suite, Apt. #, etc.			<u> </u>	DUE BY SEPTEMBER	3 24, 2003
City & State City & State				4. FEI Number 56-2156380	Applied For
RAICIGHT COUNTRY Zip_ Cou		Country			Not Applicable \$8.75 Additional
297612 Country U.S.A. 6. Name and Address of Current F	27612	Country S A		Certificate of Status Desired Name and Address of New Registere	Fee Required
	Name		7. Name and Address of New Registere	d Agent	
TURNER, SUSAN K 6033 34TH STREET W. #56	Street Address (P.O. Box Number is Not Acceptable)				
BRADENTON FL 34205					
				F	Zip Code
 The above named entity submits this statement for the obligations of registered agent. 	the purpose of changing its req	gistered office or	registere	ed agent, or both, in the State of Florida. 1 ar	m familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent are	d title if applicable.			DATE	
Capital Contributions as Shown on record. \$900.00 10. Amount of Capital Contributions in FLORIDA to date.					LE TO FL. DEPT. OF STATE FOR FEE INFORMATION
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 DOCUMENT # P99000079699	13.		ADDRESS CHANGES C	DNLY	
NAME FLORIDA MASTER MIND, INC. 3404 WAKE FOREST ROAD, SUITE 201 CONTY-ST-ZIP RALEIGH NC 27609		STREET ADDRESS	310	00 Duraleigh Pol	# 200
		CITY-ST-ZIP RAICIGH NC 27612			
DOCUMENT #			•		
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				
DOCUMENT # NAME	STREET ADDRESS	31 25	3000217646	63	
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
OCCUMENT #		STREET ADDRESS			
TREET ADDRESS (STY-ST-ZIP		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: