FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 18 PM 2:30

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001538

1. Entity Name
ALTIS INCOME HEDGE PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
6940 TOWN HARBOUR BLVD. SUITE 2411 BOCA RATON, FL 33433	6940 TOWN HARBOUR BLVD. SUITE 2411 BOCA RATON, FL 33433

DUE BY MAY 1, 2003

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 65-0959110 ☐ 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
LAURDO, PAUL F 6940 TOWN HARBOUR BLVD. SUITE 2411 BOCA RATON, FL 33433	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: PRESIDENT, PAUL F LAURO 4/9/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION
$5,000,000.00		

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 #	P99000072446	STREET ADDRESS	2038 ALTA MEADOWS LANE #1503
NAME	ALTIS INCOME HEDGE, INC.	CITY-ST-ZIP	DELRAY BEACH, FL 33444
STREET ADDRESS	6940 TOWN HARBOUR BLVD.		
CITY-ST-ZIP	BOCA RATON, FL 33433		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	100016232541
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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: PRESIDENT 4/9/03 954-294-6427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — PAUL F LAURO — Date — Daytime Phone #