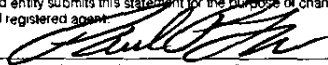


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 6940 TOWN HARBOUR BLVD. SUITE 2411 BOCA RATON, FL 33433		Mailing Address 6940 TOWN HARBOUR BLVD. SUITE 2411 BOCA RATON, FL 33433	
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 LAURDO, PAUL F 6940 TOWN HARBOUR BLVD. SUITE 2411 BOCA RATON, FL 33433		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  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. \$5,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE 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 INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # P99000072446	NAME ALTIS INCOME HEDGE, INC.	STREET ADDRESS 2038 ALTA MEADOWS LANE #1503	100016232541 04/18/03--01012--010 **526.25
STREET ADDRESS 6940 TOWN HARBOUR BLVD.	CITY-STATE-ZIP BOCA RATON, FL 33433	CITY-STATE-ZIP DELRAY BEACH, FL 33444	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-STATE-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-STATE-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-STATE-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-STATE-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:  PRESIDENT, 4/9/03 954-294-6427		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER PAUL F LAURO Date Daytime Phone #	

STAPLE CHECK HERE

CR2E003 (10/02)