2001	UNIFORM	<b>BUSINESS</b>	REPORT	/URR
200 1	UNIFURIM	DO3HIE33	REPUNI	(UDN

DOCUMENT # A0000001379  1. Entity Name  ADC EQUITY PARTNERS GRANDE ISLES, LTD.						FILED		629 AF
					01 APR 27 PM 5- 20			7
Principal Place of Business  2201 N.W. CORPORATE BLVD SUITE 200  BOCA RATON FL 33431  Mailing Address  2201 N.W. CORPORATE BL BOCA RATON FL 33431		LVD SUITE 200		FILED  01 APR 27 PH 5-26  SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business     3. Mailing Address			<del></del>					<b> </b>   
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del> </del>		DO NOT WRITE IN THIS SPACE			1
City & State		City & State			4. FEI Number 65–10	, 043621	Applied For Not Applica	
Zip	Country	Zip	Cour	ntry	5. Certificate of	of Status Desired	\$8.75 Additional ee Required	
	6. Name and Address of Current	t Registered Agent			7. Name and /	Address of New Registered A	·	
ALTMAN DEVELOPMENT CORPORATION 2201 N.W. CORPORATE BLVD., SUITE 200 BOCA RATON FL 33431				Street Address City	ss (P.O. Box Number is Not Acceptable)  FL Zip Code			
SIGNATURE  9. Capital Coas Shown	on record. \$7,500.00  A GENERAL PARTNER	10. Amount of Capit in FLORIDA to a	I Contribute.	UST BE REGIS	STERED AND AC	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR	FEE INFORMATION	
	NOTE: General Partners Ma	AY NOT be changed on the	e form	; an amendme	nt must be filed	to change a general part ADDRESS CHANGES ONL	ner.	<u> </u>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	856211 ALTMAN DEVELOPMENT CORPO 2201 N.W. CORPORATE BLVD., 1 BOCA RATON FL 33431	DRATION	STRE	EET ADDRESS '-ST-ZIP				72E003 (11/00)
DOCUMENT /			STRE	EET ADDRESS		BK		
NAME STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP				7
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP	<u>S</u> (	00004323 -05/25/010 *****! [4] 2 <b>5</b>	7693 1077020 **** 141-25	3
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DOCUMENT # NAME			STRE	EET ADDRESS				
STREET AODRESS CITY-ST-ZIP			CITY	'-ST-ZIP'	· · · · · · · · · · · · · · · · · · ·			<u> </u>
DOCUMENT #			STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			1	'-ST-ZIP				
14. I hereby of indicated the receive	certify that the information supplied with the on this report is true and accurate and ver or trustee empowered to execute the Altman Devyellopm	h this filing does not qualify to d that my signature shall have his reput t as required by Char regit [ Corporation]	the exe he same er 620, I —Gen	emption stated in S e legal effect as if Florida Statutes neral Part	Section 119.07(3)(i) made under oath; i ner	, Florida Statutes. I further certi hat I am a General Partner of t	fy that the information he limited partnership	or

4/24/01 Date

(561) 997-8661

Daytime Phone #