CR2E003 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)						APPKUVE	
DOCUMENT # A0000001380  1. Entity Name						AND FILED	
ALTMAN PARTNERS GRANDE ISLES, LTD.					02 APR 16 PH 3: 56		
					SECRETARY OF STATE		
Principal Place of Business Mailing Address			iling Address			TALLAHASSEE, FLORIDA	
2201 N.W. C BOCA RATO	orporate BLVD Suite 200 N FL 33431		2201 N.W. CORPORATE BLVD SUITE 200 BOCA RATON FL 33431				
2. Principal Place of Business		3. M	3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & State		C	City & State		, , , , , <u>, , , , , , , , , , , , , , </u>	4. FEI Number 65-1043623 Applied For Not Applied be	
Zip Country		Zi	Zip Country		try	5. Certificate of Status Desired S8.75 Additional Fee Required	
Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent	
ALTMAN DEVELOPMENT CORPORATION 2201 N.W. CORPORATE BLVD., SUITE 200							
					Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33431							
•					City FL Zip Code		
8. The above	named entity submits this statement	for the pu	rpose of changing its r	egistere	ed office or regi	istered agent, or both, in the State of Florida.	
SIGNATURE .							
Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions  10. Amount of Capital Contributions				Contrib	outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown on record. <b>\$\P\$200;000.00</b> in FLORIDA to date.				te.		SEE REVERSE SIDE FOR FEE INFORMATION	
·-·	A GENERAL PARTNER NOTE: General Partners M	THAT IS	S A BUSINESS ENT be changed on th	e form	UST BE REG ; an amendn	GISTERED AND ACTIVE WITH THIS OFFICE. ment must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION DOCUMENT / 856211				13.		ADDRESS CHANGES ONLY	
NAME	ALTMAN DEVELOPMENT CORPORATION 2201 N.W. CORPORATE BLVD., SUITE 200			STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY-	·ST-ZIP		
DOCUMENT # NAME				STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP		
DOCUMENT # NAME				STREE	ET ADDRESS	/5000053163650	
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP	****526.25 ****526.25	
DOCUMENT # NAME				STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP		
DOCUMENT #				STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP		
DOCUMENÇ#				CTREE	T ADDRESS		

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

ALTMAN DEVELOPMENT CORPORATION, GENERAL PARTNER

SIGNATURE: BY:

SIGNATURE: BY:

Date

Dayline Phone 9

CITY-ST-ZIP

STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP