

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007653 AF

**DOCUMENT #** A00000001439  
**1. Entity Name**  
 TUSCANY INTRACOASTAL, LTD.

**FILED**  
 01 APR 27 PM 4:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
 2201 N.W. CORPORATE BLVD., SUITE 200      2201 N.W. CORPORATE BLVD., SUITE 200  
 BOCA RATON FL 33431      BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

**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** 65-1043619      Applied For  Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ALTMAN DEVELOPMENT CORPORATION**  
 2201 N.W. CORPORATE BLVD., SUITE 200  
 BOCA RATON FL 33431

**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.

**SIGNATURE** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**9. Capital Contributions as Shown on record.** \$10,000,000.00      **10. Amount of Capital Contributions in FLORIDA to date.** \_\_\_\_\_      **11. MAKE CHECK PAYABLE TO 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**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
856211	ALTMAN DEVELOPMENT CORPORATION	2201 N.W. CORPORATE BLVD., SUITE 200	BOCA RATON FL 33431

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	CITY-ST-ZIP

CR2E003 (11/00)

**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 REQUIRED**      **4/24/01**      **(561) 997-8661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #