4/11/02 (561) 997-8661

SIGNATURE: BY: SIGNATURE RECURRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A0000001440  1. Entity Name							APPROVE: AND FILED				
ALTMAN PARTNERS TUSCANY, LTD.						02 APR 16 AM 8: 47					
Principal Place of Business  2201 N.W. CORPORATE BLVD SUITE 200  BOCA RATON FL 33431			Mailing Address 2201 N.W. CORPORATE BLVD SUITE 200 BOCA RATON FL 33431			SECRETARY OF STATE TALL AHASSEE, FLORIDA					
Principal Place of Business     3. Mailing Address											
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DUE BY MAY	/ 1. 200	2		
City & State			City & State			4. FEI Number	s'		Applied For Not Applical	——	
Zip Country		Zip Coun		ntry .			F6	8.75 Additional se Required			
		Idress of Current F	Name	7. Name and /	Address of New Regis	stered Ag	ent	$\exists$			
ALTMAN DEVELOPMENT CORPORATION 2201 N.W. CORPORATE BLVD., SUITE 200					Street Address (P.O. Box Number is Not Acceptable)				-		
BOCA RATON FL 33431											
8. The above named entity submits this statement for the purpose of changing its reg					City	FL   The state of					
SIGNATURE .				egister	ed office or register	ed agent, or both	, in the State of Florida				
Signature, typed or printed name of registered egent and title if applicable.  9. Capital Contributions  10. Amount of Capital Contributions							11. MAKE CHECK PA	DATE	O DEPT OF STATE	- 180	
as Shown on record.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST							SEE REVERSE S	IDE FOR	FEE INFORMATION	1 A	
NOTE: General Partners MAY NOT be changed on the form; an amendment of the second seco							nt must be filed to change a general partner.  ADDRESS CHANGES ONLY				
DOCUMENT / 856211					ET ADDRESS		ADDRESS CHANGI	ES UNLY		ᅴᅙ	
NAME STREET ADDRESS CITY-ST-ZIP	ALTMAN DEVELO 2201 N.W. CORF BOCA RATON FI	UITE 200		-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				CR2E003 (9/01)		
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CITY-ST-ZIP  14. Thereby certify that the information supplied with this filling does not qualify for the					ST-ZIP	tion 140 07/2\/'\	Florido Statuta 14 "		that the Information		
illulcateu i	OH HIIS LEDON IS ITUE A	ano accurate ano in	at my signature shall have the report as required by Chapte IENT CORPORATION	a cama	Llanal attact on it me	ada undar aata. H	nat I am a General Part	er certify ner of the	arat trie information limited partnership	or	