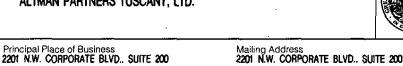
## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # A0000001440

1. Entity Name
ALTMAN PARTNERS TUSCANY, LTD.

**BOCA RATON FL 33431** 

2. Principal Place of Business



**BOCA RATON FL 33431** 

3. Mailing Address



in the said of

03 APR 16 PM 4: 02

SECRETARY CONTROL TABLE AHASSEE, FLORIDA



Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2003						
City & State				City & State			4. FEI Number 65			3616		$\top$	Applied For Not Applicable	
Zip Country				р	5. Certificate of			of Status Desired Status Desired Fee Required						
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent								1
ALTMAN I	DEVELOPM		Name											
2201 N.W. CORPORATE BLVD., SUITE 200						Street Address (P.O. Box Number is Not Acceptable)								
BOCA RATON FL 33431														
			City FL Zip Code							code	-			
	named entit tions of regist	y submits this statement for tered agent.	or the pu	rpose of changing its	register	ed office or	registered ag	ent, or both	, in the State	e of Florida	. I am far	niliar w	ith, and accept	7
SIGNATURE		<u> </u>												1
Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions \$200,000.00 10. Amount of Capital									44 50510	. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE				
<ol><li>9. Capital Co as Shown</li></ol>		Amount of Capital Contributions in FLORIDA to date.				1				ORMATION				
		GENERAL PARTNER : General Partners M.										er.		
12.	GENERAL PARTNER INFORMATION							ADDRESS CHANGES ONLY						]_
DOCUMENT # NAME	ALTMAN DEVELOPMENT CORPORATION 2201 N.W. CORPORATE BLVD., SUITE 200					ET ADDRESS	RESS							10/02
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP		<del></del>						CR2E003 (10/02)
DOCUMENT #	· -	···		<u> </u>	STRE	ET ADDRESS				_				188
STREET ADDRESS CITY-ST-ZIP	1					-ST-ZIP		000016109550					<u> </u>	
DOCUMENT #					STRE	04/16/03 -01039 -016 *						**	5 <del>25. 25</del>	<del>_</del>
NAME STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP							<u>-</u>	_
DOCUMENT #	,	<u></u>		<u> </u>	STRE	ET ADDRESS						_		$\dashv$
NAME STREET ADDRESS						}							<del></del>	$\dashv$
CITY-ST-ZIP		_			CITY	-ST-ZIP		`.				_		
DOCUMENT # .		-		·	STRE	ET ADDRESS		_						
STREET ADDRESS CITY-ST-ZIP			•		CITY	-ST-ZIP								7
DOCUMENT #				· <del></del> -	STRE	ET ADDRESS	· · · · · · · · · · · · · · · · · · ·		<del></del> -			_		
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP					-			7
14. I hereby o	certify that the	e information supplied with	h this filir	g does not qualify for	the exe	mption state	ed in Section	119.07(3)(i),	, Florida Sta	tutes. I furt	her certify	that th	e information	1

4. 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. G.P.

SIGNATURE:

SIGNATURE OF TYPES ON PRINTED NAME OF SIGNING GENERAL PARTNE

4/4/03 Date (561) 997-8661

Daytime Phone #