2001	UNIFORM	BUSINESS	REDCIRT	/HRD
200 i	CHILCHM	BUSINESS	REPURI	(UDN)

DOCUMENT # A0000001441 1. Entity Name					FILED				- 479 - AF
ADC EQUITY PARTNERS TUSCANY, LTD.						01 APR 27		 	71
Principal Place of Business Mailing Address					-	SECRETARY AL	FR 5: 20		
2201 N.W. CORPORATE BLVD SUITE 200 BOCA RATON FL 33431		•	2201 N.W. CORPORATE ELVD., SUITE		T.	SECRETARY OF ALLAHASSEE,	FLORIDA		
2. Principal Place of Business		3. Mailing Address	Address		- ·]] 	.B))	TINL COURT DOING THOSE CHAIL DIGI	#1 #81 # 0) -	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	etc.		,	DO NOT WRITE	IN THIS SPACE		_
City & State		City & State			4. FEI Number 65-10		<u> </u>	lied For Applicable	e
Zip	Zip Country Zip		Coun	5. Certificate of S		of Status Desired	S8.75 Additing Fee Required	ional	
	6. Name and Address of Currer	t Registered Agent		NI	7. Name and	Address of New Regi	Istered Agent	<u> </u>	4
				Name				!	
ALTMAN DEVELOPMENT CORPORATION 2201 N.W. CORPORATE BLVD., SUITE 200 BOCA RATON FL 33431			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zip Code	<u> </u>	
8. The above	named entity submits this statement	for the purpose of changing its r	egistere	ed office or registe	red agent, or both	, in the State of Florida	a.	İ	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT:	Registered	d Agent signature require	d when reinstating)		DATE	'	
9. Capital Contributions as Shown on record. \$7,500.00 10. Amount of Capital in FLORIDA to cat			outions		11. MAKE CHECK I SEE REVERSE	PAYABLE TO DEPT. OF S SIDE FOR FEE INFORM	STATE IATION] .	
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN I AY NOT be changed on t	ITY M e form	UST BE REGIS ; an amendmei	TERED AND AC	CTIVE WITH THIS (to change a gene	OFFICE. eral partner.	1 <u> </u>	
12.	GENERAL PARTNE	ER INFORMATION	13.			ADDRESS CHANG	GES ONLY]_
DOCUMENT # NAME	ME ALTMAN DEVELOPMENT CORPORATION REET ADDRESS 2201 N.W. CORPORATE BLVD., SUITE 200		STRE	ET ADORESS		888843	004064		(11/00
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			-05/25/0	10110200: -25****141		1 12Enn3 (11/00)
DOCUMENT # NAME			STRE	ET ADDRESS		PW ·	125 ************************************		8
STREET ADDRESS City-St-Zip			CITY-ST-ZIP			BN ;			
DOCUMENT # NAME			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP					
DOCUMENT # NAME			STREE	ET ADORESS					
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP				<u> </u>	
DOCUMENT # NAME			STRE	ET ADDRESS					,
STREET ADDRESS CITY - ST-ZIP			CITY-	ST-ZiP					
DOCUMENT # NAME			STREE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP					
indicated	certify that the information supplied wit on this report is true and accurate an error trustee empowered to execute the Alternal Plate 1	d that my signature shall have th	ie same	legal effect as if r	nade under oath; t	, Florida Statutes. I fur that I am a General Pa	ther certify that the info artner of the limited part	rmation tnership or	r ;

E ANDTYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/01 Date

(561) 997-8661

Daytime Phone #