2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A0000001441 **DOCUMENT #**

1. Entity Name

ADC EQUITY PARTNERS TUSCANY, LTD.

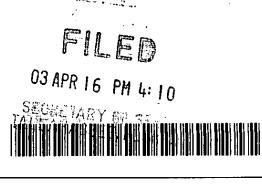


Principal Place of Business						
2201	N.W.	CORPO	DRATE	BLVD	SUITE	200
ROC	A RAT	ON EI	33431			

Mailing Address

2201 N.W. CORPORATE BLVD.. SUITE 200

BOCA	RATON	FL	33431
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2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Addres	3. Mailing Address Suite, Apt. #, etc. City & State		DUE BY MAY 1, 2003		
		Suite, Apt. #, et					
		City & State			4. FEI Number 65-1043613	Applied For Not Applicable	
Zip	Country	Zip	Country		t 5. Genilicate of Status Desired 1 1	Desired	
6	. Name and Address of Cu	rrent Registered Agent			7. Name and Address of New Registered A	Agent	
	ELOPMENT CORPORATI	-		Name Street Addre	oce /P.O. Boy Number is Not Acceptable)		
2201 N.W. CORPORATE BLVD., SUITE 200				Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATO	N FL 33431						
				City	FL	Zip Code	
	ned entity submits this statem of registered agent.	ent for the purpose of char	nging its registere	ed office or regi	istered agent, or both, in the State of Florida. I am f	lamiliar with, and accept	

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions \$7,500.00 as Shown on record.

10. Amount of Capital Contributions in FLORIDA to date.

DATE 11. MAKE CHECK PAYABLE TO FL. 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 MAT NOT be changed on the form, an amendment must be med to change a general partner.				
12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	856211 ALTMAN DEVELOPMENT CORPORATION	STREET ADDRESS		
STREET ADDRESS 2201	2201 N.W. CORPORATE BLVD., SUITE 200 BOCA RATON FL 33431	CITY-ST-ZIP		
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	500016105885 04/16/0301034008 **141.25	
DOCUMENT # NAME		STREET ADDRESS		
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DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		

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

G.P.

(561) 997-8661