

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

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DOCUMENT # **A01000000902**

1. Entity Name

ALTMAN PARTNERS SUNNY ISLES, LTD.

02 APR 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2201 CORPORATE BLVD. NW. SUITE 200 BOCA RATON FL 33431	Mailing Address 2201 CORPORATE BLVD. NW. SUITE 200 BOCA RATON FL 33431
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2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1121094	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEFFREY A. DEUTCH, P.A.
7777 GLADES ROAD, SUITE 300
BOCA RATON FL 33434**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	856211 ALTMAN DEVELOPMENT CORPORATION 2201 CORPORATE BLVD, NW, SUITE 200 BOCA RATON FL 33431	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	600005314146--5 -04/22/02--01092--017 ***141.25 ***141.25
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DOCUMENT # NAME 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

ALTMAN DEVELOPMENT CORPORATION, GENERAL PARTNER

SIGNATURE: BY: *[Signature]* **DATE:** **4/16/02** **DAYTIME PHONE #:** **(561) 997-8661**

CR2E003 (9/01)