CR2E003 (10/02)

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A02000001185 DOCUMENT

1. Entity Name ADC EQUITY PARTNERS KIRKLAND CROSSING, LTD.



FILED 03 APR 16 PM 4: 11 Principal Place of Business Mailing Address 2201 CORPORATE BLVD., NW. STE. 200 2201 CORPORATE BLVD., NW. STE. 200 SEPTELIARY OF TH BOCA RATON FL 33431 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number Applied For 14-1844722 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JEFFREY A. DEUTCH, P.A. Street Address (P.O. Box Number is Not Acceptable) 7777 GLADES RD., STE. 300 **BOCA RATON FL 33434** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$7,500.00 as Shown on record. in FLORIDA to date. 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 MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS ALTMAN DEVELOPMENT CORPORATION NAME 2201 CORPORATE BLVD., NW. STE. 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P DOCUMENT # STREET ADDRESS **800016106018** 04/16/03--01034--013 **141.25 NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 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 CORPORATION, G.P. (561) 997-8861 ID TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

SIGNATURE: