

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006


FILED

06 MAY -1 AM 8:51

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # A05000000763

1. Entity Name
 ADC CONDO PARTNERS - SAPPHIRE, LTD.



Principal Place of Business Mailing Address
 1515 N. FEDERAL HIGHWAY, SUITE 300 1515 N. FEDERAL HIGHWAY, SUITE 300
 BOCA RATON, FL 33432 BOCA RATON, FL 33432

2. Principal Place of Business 3. Mailing Address
 1515 S. Federal Highway 1515 S. Federal Highway
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 300 Suite

City & State City & State 4. FEI Number Applied For
 Boca Raton, FL Boca Raton, FL 20-2698461 Not Applicable
 Zip Country Zip Country
 33432 USA 33432 USA



02172006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent
 JEFFREY A. DEUTCH, P.A.
 7777 GLADES ROAD, SUITE 300
 BOCA RATON, FL 33434

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	856211	STREET ADDRESS	1515 S. Federal Highway, Suite 300
NAME	ALTMAN DEVELOPMENT CORPORATION	CITY-ST-ZIP	Boca Raton, FL 33432
STREET ADDRESS	1515 N. FEDERAL HIGHWAY, SUITE 300		
CITY-ST-ZIP	BOCA RATON, FL 33432		
DOCUMENT #		STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

By: Jeffrey A. Roberts, President
SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 3/23/06 (56) Davidge Phone #: 997-8661