

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 1515 N. FEDERAL HIGHWAY, SUITE 300 BOCA RATON, FL 33432		Mailing Address 1515 N. FEDERAL HIGHWAY, SUITE 300 BOCA RATON, FL 33432			
2. Principal Place of Business 1515 S. Federal Highway Suite, Apt. #, etc. Suite 300 City & State Boca Raton, FL Zip 33432		3. Mailing Address 1515 S. Federal Highway Suite, Apt. #, etc. Suite City & State Boca Raton, FL Zip 33432		4. FEI Number 20-2698461 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33432		CITY - ST - ZIP		
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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: <u>Jeffrey A. Roberts</u> General Partner SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Date 3/23/06 (56) 997-8661					

STAPLE CHECK HERE