


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 12:36

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A05000001504			
1. Entity Name ADC CONDO PARTNERS - 855, LTD.			
Principal Place of Business 1515 S. FEDERAL HIGHWAY, SUITE 300 BOCA RATON, FL 33432		Mailing Address 1515 S. FEDERAL HIGHWAY, SUITE 300 BOCA RATON, FL 33432	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02172006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-3760578	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$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
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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	NAME ALTMAN DEVELOPMENT CORPORATION	STREET ADDRESS	
STREET ADDRESS 1515 S FEDERAL HIGHWAY, SUITE 300		CITY-ST-ZIP	
CITY-ST-ZIP BOCA RATON, FL 33432			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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05/22/06--01020--028 **500.00

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.

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

Date 5/22/06 **Daytime Phone #** (561) 997-8601

STAPLE CHECK HERE