2002 UNICORM EMCINESS DEPORT HIPPY

2002 UNIFORM EUSINESS REPORT (UBR)					APPROVE. AND_	
DOCUMENT # A26063 1. Entity Name					FILED	
ADC EQUITY PARTNERS - 1986, LTD.				02 APR 15 AM 8: 48		
					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business C/O ALTMAN DEVELOPMENT CORPORATION 2201 CORPORATE BLVD NW SUITE # 200 BOCA RATON FL 33431 Mailing Address C/O ALTMAN DEVELOP 2201 CORPORATE BLVD. BOCA RATON FL 33431						
2. Principal I	Place of Business	3. Mailing Address	3. Mailing Address			
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002	
City & State		City & State			4. FEI Number 38-2798741 Applied For Not Applicable	
Zip Country		Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BDOAD	IND OAGOE!			Name		
BROAD AND CASSEL 7777 GLADES ROAD				Street Address (P.O. Box Number is Not Acceptable)		
SUITE 300						
BOCA RATON FL 33431				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.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE						
9. Capital Contributions as Shown on record. \$400.00 In FLORIDA to date.				outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.	
	A GENERAL PARTNER 1 NOTE: General Partners MA	THAT IS A BUSINESS EN	TITY M	UST BE REGIST ; an amendmen	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS	ALTMAN DEVELOPMENT CORP 2201 CORPORATE BLVD.# 200 BOCA RATON FL		STRE	ET AODRESS		
CITY-ST-ZIP			CITY-	ST-ZIP		
NAME STREET ADDRESS			STRE	ET ADDRESS		
CITY-ST-ZIP			CITY-	ST-ZIP	4000053122541 -04/22/0201029002	
NAME STREET ADDRESS			STREE	ET ADDRESS	-04/22/0201023002 ****141.25 ****141.25	
CITY-ST-ZIP		-	CITY-	ST-ZIP		
NAME			STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
DOCUMENT # NAME			STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
DOCUMENT # NAME			STREE	T ADDRESS		
6111-5g-21r			ŀ	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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Dayling Phone #						