

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A98000001529**

1. Entity Name  
**ADC EQUITY PARTNERS IBIS, LTD.**



**FILED**

**03 APR 16 PM 4:15**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**2201 CORPORATE BLVD., N.W., SUITE 200  
BOCA RATON FL 33431**

Mailing Address  
**2201 CORPORATE BLVD., N.W., SUITE 200  
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0851661**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROAD AND CASSEL  
C/O JEFFREY A. DEUTCH  
7777 GLADES ROAD, SUITE 300  
BOCA RATON FL 33434**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

9. Capital Contributions  
as Shown on record. **\$29,866.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **856211**  
NAME **ALTMAN DEVELOPMENT CORPORATION**  
STREET ADDRESS **2201 CORPORATE BLVD., N.W., SUITE 200**  
CITY-ST-ZIP **BOCA RATON FL 33431**

STREET ADDRESS

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**900016106009**

**04/16/03--01034--012 \*\*297.81**

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, G.P.**

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/4/03

(561) 997-8661

Date

Daytime Phone #

CR2E003 (10/02)

00006339 AV