2000 UNIFORM BUSINESS REPORT (UBR)

					<u> </u>	
DOCUMENT # A9800001915 1. Entity Name					FILED.	
ALTMAN PARTNERS PRESTON, LTD.					FILED. SECRETARY-OF-STATE: OIVISION OF CORPORATIONS	
Principal Place of Business 2201 CORPORATE BOULEVARD. N.W. SUITE 200 BOCA RATON FL 33431 BOCA RATON FL 33431-733 2. Principal Place of Business 3. Mailing Address				N.W., SUITE 200	,00 APR 20 PM 5: 30	
					DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc. Suite, Apt. #, etc.						
City & State		City & State			4. FEI Number 65-0858218 Applied For Not Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		Ness	7. Name and Address of New Registered Agent	
BROAD A	ND CASSEL			Name		
% JEFFREY A. DEUTCH				Street Address (P.O. Box Number is Not Acceptable)		
7777 GLADES ROAD, SUITE 300						
BOCA RATON FL 33434				City FL Zip Code		
8. The above	named entity submits this statement fo	the purpose of changing it	s register	ed office or regis	stered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd titla if applicable (NO	TF: Registere	d Agent signature requi	nired when reinstating) DATE	
Capital Contributions as Shown on record. State of the state					11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER T	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.				
12.	GENERAL PARTNER		13.		ADDRESS CHANGES ONLY	
DOCUMENT#	856211 ALTMAN DEVELOPMENT CORPORATION 2201 CORPORATE BOULEVARD, N.W., SUITE 200 BOCA RATON FL 33431 F98000003787 ALTMAN COMPANIES, INC. 2201 CORPORATE BOULEVARD, N.W., SUITE 200 BOCA RATON FL 33431		STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			СПУ	/- ST-ZIP	-MI/	
DOCUMENT # NAME			STR	EET ADDRESS	19/1	
STREET ADDRESS CITY-ST-ZIP			СПҮ	'- ST- ZIP	9170	
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14 I boroby o	Lertify that the information supplied with	this filing does not qualify for	or the exe	emption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated	on this report is true and accurate and er or trustee empowered to execute thi	that my signature shall have	e the sam	e legal effect as i	if made under oath; that I am a General Partner of the limited partnership of	

(561) 997-8661

Date

Daytime Phone #

SIGNATURE REQUIRED SIGNATURE: OR PRINTED NAME OF SIGNING GENERAL PARTNER

ALTMAN DEVELOPMENT CORPORATION, GENERAL PARTNER

4/17/00