2003 LIMITED PARTNERSHIP JBR)

UNIFURM	PNOINE22 KELOK! (
DOCUMENT #	A98000001915

1. Entity Name ALTMAN PARTNERS PRESTON, LTD.



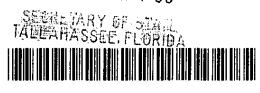
Principal Place of Business 2201 CORPORATE BOULEVARD. N.W.. SUITE 200 **BOCA RATON FL 33431**

2. Principal Place of Business

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

3. Mailing Address

03 APR 16 PM 4: 03



L												
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2003							
City & Star	te			City & State			1 00.000.00 10			Applied For Not Applicable		
Zip		Country		Zip	Cou	ntry	5. Certificate o	f Status Desired		8.75 Additional ee Required		
	6. Name	and Address of Curren	nt Regis	stered Agent			7. Name and A	Address of New Registered	Age	nt		
						Name	-		<u>, , , , , , , , , , , , , , , , , , , </u>			
BROAD A	IND CASSE	L										
% JEFFRI	ey A. Deut	CH CH				Street Address (P.O. Box Number is Not Acceptable)						
7777 GI A	DES ROAD	, SUITE 300		•		-			-			
	TON FL 33	•										
BUCA RA	HON FL 33	434				City		FL		Zip C	ode	
								·				
	tions of regist		·			ed office of regis	tered agent, or both,	, in the State of Florida. I am	Idilii		n, and accept	
9. Capital Co		\$117,925.00		10. Amount of Cap		ibutions		11. MAKE CHECK PAYABLE				
as Shown				in FLORIDA to				SEE REVERSE SIDE FO		E INF	DRMATION	
	A	GENERAL PARTNER	THAT	IS A BUSINESS E	NTITY N	IUST BE REGI	STERED AND AC	TIVE WITH THIS OFFICE	Ē. 	_		
	NOIE					<u> </u>	ent must be filed	to change a general par		:r. ·		
12.		GENERAL PARTNE	EH INFC	DRMATION .	13.			ADDRESS CHANGES ON	LY			
DOCUMENT #	856211		On a Til	011	STR	STREET ADDRESS						
NAME	REET ADDRESS 2201 CORPORATE BOULEVARD, N.W., SUITE 200											
STREET ADDRESS					CIT	CITY-ST-ZIP						
CITY-ST-ZIP							÷	*********				
DOCUMENT #	F9800000				STR	EET ADDRESS						
NAME	ALTMAN COMPANIES, INC. 2201 CORPORATE BOULEVARD, N.W., SUITE 200											
STREET ADDRESS					CIT	CITY-ST-ZIP						
CITY-ST-ZIP	BOCA RA	TON FL 33431	_		_	. 0. 2.						
DOCUMENT #					CTO	CCT ADDRESS						
NAME					SIR	EET ADDRESS						
STREET ADDRESS				•	O.T.	, et 710			,			
CITY-ST-ZIP					CH	/-ST-ZIP	11	00016105	(ا ایا	L Tae ar	
DOCUMENT #							04/16	3/030103902 0	,	7.4.)ದು.ದರ್ಶ	
NAME	}				STR	EET AODRESS						
STREET ADDRESS					1			,				
CITY-ST-ZIP		•			CIT	/-ST-ZIP	,					
DOCUMENT #						1	··					
NAME					STR	EET ADDRESS						
STREET ADDRESS					1	 						
CITY-ST-ZIP	1				CITY	(-ST-ZIP						
	 							·				
DOCUMENT #					STR	EET AODRESS						
NAME STREET ADDRESS						<u> </u>						
CITY-ST-ZIP					CIT	r-ST-ZIP						
						·-						
14. I hereby of	certify that the	information supplied wit	th this fi	ling does not qualify f	or the exe	mption stated in	Section 119.07(3)(i),	Florida Statutes. I further cer	tify t	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: BY: SI

4/4/03

(561) 997-8661