## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800002448  1. Entity Name						EILED	
PLANTATION LAKES II, LTD.  n/k/a/ ARBOR LAKES, LTD.						O1 APR 27 PM 4: 56	
Principal Place of Business Mailing Address						SECRETARY. TALLAHASSEE	OFSTATE
2201 CORPROATE BLVD N.W SUITE 200 BOCA RATON FL 33431			2201 CORPROATE BLV	2201 CORPROATE BLVD N.W SUITE BOCA RATON FL 33431		1	**EORIDA
2. Principal Place of Business			3. Mailing Address				8811), 88211 88116 71817 82821 81881 7821 7881 
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE
City & State			City & State			4. FEI Number 65-0871195	Applied For Not Applicable
Zip		Country	Zip	Cour	ntry	5. Certificate of Status Desired	See Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
DEUTCH, JEFFREY A					Name Street Address (P.O. Box Number is Not Acceptable)		
C/O BROAD & CASSEL					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 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. (NOT :: Registered Agent signature required when reinstating)  DATE							
9. Capital Contributions as Shown on record. \$3,700,000.00 10. Amount of Capital Contributions in FLORIDA to cate						SEE REVERSE	PAYABLE TO DEPT. OF STATE !
A GENERAL PARTNER THAT IS A BUSINESS EN TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.							
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY							
DOCUMENT # NAME	ALTMAN DEVELOPMENT CORPORATION ADDRESS 2201 CORPROATE BLVD., N.W., SUITE 200				EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP					/-ST-ZIP		
DOCUMENT #				STR	EET ADDRESS	2000043	8241238
NAME STREET ADORESS CITY-ST-ZIP				CITY	Y-ST-ZIP	-05/25/	0101101001 6.25 ****526.25
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DOCUMENT #				STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP					Y-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; STATURE AND FIRE OF PRINTED NAME OF SIGNING SENER ALL PARTNER Date Dayline Phone #							