2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800002452 1. Entity Name ALTMAN PARTNERS WAKEFIELD, LTD.					O1 APR 27 PM 5: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA								
							Principal Pla	ce of Business	Mailing Address			HELAHASSEE, FLORID	A
							2201 CORPORATE BOULEVARD. N.W SUITE 200 BOCA RATON FL 33431 2201 CORPORATE BOULEV. BOCA RATON FL 33431				W SUITE 200		
00/12 200													
Principal Place of Business 3. Mailing Address													
2. Maning Address													
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE									
City & State City & State		-		4. FEI Number 65-0875905	Applied For Not Applicable								
Zip	p Country Zip		Count	ry	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							
				Name									
BROAD AND CASSEL C/O 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	e named entity submits this statement fo	r the purpose of changing its r	registere	d office or regist	tered agent, or both, in the State of Fiorida.	-							
						:							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	Registered	Agent signature requi	red when reinstating) DATE								
9. Capital Contributions as Shown on record. \$116,327.00													
					STERED AND ACTIVE WITH THIS OFFIC	E.							
12.	NOTE: General Partners MA GENERAL PARTNER		e form:	an amendme	ent must be filed to change a general pa ADDRESS CHANGES OF								
DOCUMENT /	856211			T ADDRESS									
NAME	ALTMAN DEVELOPMENT CORPORATION 2201 CORPORATE BOULEVARD, N.W., SUITE 200		SINE	I ADDRESS									
STREET ADDRESS City-St-Zip	BOCA RATON FL 33431	N.W., SUITE 200	CITY-	ST-ZIP									
DOCUMENT #	ALTMAN COMPANIES, INC. 2201 CORPORATE BOULEVARD, N.W., SUITE 200			T ADDRESS	BK								
STREET ADDRESS CITY-ST-ZIP				ST-ZIP									
DOCUMENT #			STREE	T ADDRESS	800004323	37686							
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	****526.25	81877 819 ****526.25							
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STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP									
14. I hereby c	certify that the information supplied with	this filing does not qualify for t	the exen	ption stated in S	Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the information							
indicated the receiv	on this report is true and accurate and rer or trustee empowered to execute this	inai my signature shall have in report as required by Chap⊖	ne same er 620, Fl	iegai effect as if orida Statutes	made under oath; that I am a General Partner o	r the limited partnership or							

4/24/01

(561) 997-8661 Daytime Phone #