## 2002 UNIFORM BUSINESS REPORT (UBR)

## APPRUVE AND A98000002452 DOCUMENT # 1. Entity Name 02 APR 16 AM 8: 47 ALTMAN PARTNERS WAKEFIELD, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2201 CORPORATE BOULEVARD, N.W., SUITE 200 2201 CORPORATE BOULEVARD, N.W., SUITE 200 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. - DUE BY MAY 1, 2002 City & State City & State 4. FEI Number Applied For 65-0875905 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BROAD AND CASSEL** Street Address (P.O. Box Number is Not Acceptable) C/O JEFFREY A. DEUTCH 7777 GLADES ROAD, SUITE 300 **BOCA RATON FL 33434** City Zip Code FL 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. 9. Capital Contributions 10. Amount of Capital Contributions \$116,327.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT # 856211 STREET ADDRESS NAME ALTMAN DEVELOPMENT CORPORATION STREET ADDRESS 2201 CORPORATE BOULEVARD, N.W., SUITE 200 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** <del>000005314260</del> F98000003787 DOCUMENT # STREET ADDRESS -04/22/02--01095--020 NAME ALTMAN COMPANIES, INC. \*\*\*\*526,25 \*\*\*\*526,25 STREET ADDRESS 2201 CORPORATE BOULEVARD, N.W., SUITE 200 CITY-ST-ZIP CITY-SY-ZIP **BOCA RATON FL 33431** DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME ( STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

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

CiTY-ST-ZIP

SIGNATURE: BY: SIGNAT

CITY-ST-ZIP