2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name ADC EQUITY PARTNERS PLANTATION LAKES II, LTD.								SECRETARY OF STATE DIVISION OF CORPORATIONS					
, ADC EQ	OH I FAŅINENO F	PÚÁIVIIOIA PV	NEO II	, LID.				as crainta Ot	CORPO	RATION	S		
Principal Place of Business 2201 CORPORATE BLVD N.W SUITE 200 BOCA RATON FL 33431 Mailing Address 2201 CORPORATE BLVD N.W SUITE 200 BOCA RATON FL 33431						Uite 200		00 JUN 16	AM IÓ	: 22			
	•												
2. Principal Place of Business 3. Mailing Address								 		 	1 181 (111 6 (110)		
Suire, Apt. #, etc.				uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					_	
City & State			City & State							plied For t Applicable			
Zip* Country			Zip		Coun	itry	5. Certificate	of Status Desired		8.75 Addi ee Required			
	ered Agent	Name		7. Name and Address of New Registered Agent									
BROAD AND CASSEL							s (P.O. Box Number	is Not Acceptable)		<u> </u>	:		
C/O JEFFREY A. DEUTCH 7777 GLADES ROAD, SUITE 300									 .				
BOCA RATON FL 33434						City			FL	Zip Code	,		
8. The above	named entity submits	s this statement fo	r the p	urpose of changing its	s registere	ed office or regis	tered agent, or both	, in the State of Flori	da.				
SIGNATURE .	Signature, typed or printed no	ame of registered agent	and title if	applicable. (NO	TE: Registere	d Agent signature requ	ired when reinstating)	<u> </u>	DATE	·		ļ	
9. Capital Co as Shown	on record. ,	\$200.00		10. Amount of Capi in FLORIDA to o				11. MAKE CHECK SEE REVERS	E SIDE FOR				
- · · · ·				S A BUSINESS EN I be changed on t						er <u>=</u> _	- 		
12.	GE 856211	NERAL PARTNER	RINFO	RMATION	13.			ADDRESS CHAI	VGES ONLY	·		€	
DOCUMENT # NAME STREET ADORESS CITY - ST - ZIP	ALTMAN DEVELOPMENT CORPORATION					EET ADDRESS				<u>.</u>		- 001.19/19	
DOCUMENT # NAME	· · · · · · · · · · · · · · · · · · ·				STRE	EET ADORESS	20	00033 -07/10/0				5	
STREET ADDRESS CITY-ST-ZIP					СПҮ	- ST- ZIP	hi	******1 ។ 1	.25 ** 	***141 	.25		
DOCUMENT# NAME		:		• • •	STRE	EET ADDRESS	1716:		-				
STREET ADDRESS CITY - ST - ZIP				<u>.</u> .	СПУ	-ST-ZIP		16					
DOCUMENT# NAME					STRE	EET ADDRESS							
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP							
DOCUMENT#					STRI	EET ADDRESS							
STREET ADORESS CITY - ST - ZBP				•	СПУ	- ST - ZIP							
DOCUMENT#			STF			ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP					ĊſŦŶ	- ST- ZIP							
14. I hereby of indicated the receiv	certify that the information this report is true in the certification of	ation supplied with and accurate and ared to execute thi DEVELOPME	this fili that m epor	ing does not qualify for y signature shall have t as required by Char CORPORATION,	or the exe the same oter 620, f GENI	mption stated in e legal effect as Florida Statutes ERAL PART	Section 119.07(3)(i if made under oath; NER), Florida Statutes. I t that I am a General	urther certify Partner of th	y that the in le limited pa	formation artnership or		
SIGNAT	VIIL	IGN AT	PRINTE	NAME OF SIGNING GENER	RED RAL PARTNE) ER		4/17/00 Date) 997— time Phone #	8661		