2000 UNIFORM BUSINESS REPORT (UBR) A9900001538 DOCUMENT # 1. Entity Name FILED ALTIS INCOME HEDGE PARTNERSHIP, LTD. 00 JAN 31 PM 1:15 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 3400 N.E. 30TH STREET 3400 N.E. 30TH STREET FT. LAUDERDALE FL 33308-7302 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not 4 65-0959110 Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAURO NUNLEY, E. SCOTT Street Address (P.O. Box Number is Not Acceptable) 515 NORTH FLAGLER DRIVE, 19TH FLOOR WEST PALM BEACH FL 33410 <u>FT. LAWERDALE</u> 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. PAUL (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable 10. Amount of Capital Contributions, 40,000 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$5,000,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P99000072446 DOCUMENT # STREET ADDRESS ALTIS INCOME HEDGE, INC. NAME 3400 N.E. 30TH STREET STREET ADORESS CITY-ST-ZIP 200003121772--0 -02/03/00--01005--008 FT. LAUDERDALE FL 33308 CITY-ST-ZIP DOCUMENT # STREET ADDRESS ****368.75 ****368.75 ALCA ATC 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 AODRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME -STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DCCUMENT# STREET ADDRESS NAVE 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

SIGNATURE

CITY-ST-ZIP

THE COUNTY PAUL F. LAURO, PRESIDEN

1/15/00

954-584-0009

Date Daytin