

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A99000001538

1. Entity Name
ALTIS INCOME HEDGE PARTNERSHIP, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -5 AM 10:49

Principal Place of Business
 6940 TOWN HARBOUR BLVD.
 SUITE 2411
 BOCA RATON, FL 33433

Mailing Address
 6940 TOWN HARBOUR BLVD.
 SUITE 2411
 BOCA RATON, FL 33433



03012004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business
2038 ALTA MEADOWS LN

Suite, Apt. #, etc.
SUITE 1503

City & State
DELRAY BEACH, FL

Zip
33444

Country
USA

3. Mailing Address
2038 ALTA MEADOWS LN

Suite, Apt. #, etc.
SUITE 1503

City & State
DELRAY BEACH, FL

Zip
33444

Country
USA

4. FEI Number
 65-0959110

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAURDO, PAUL F
 6940 TOWN HARBOUR BLVD.
 SUITE 2411
 BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name
LAURDO, PAUL F
 Street Address (P.O. Box Number is Not Acceptable)
2038 ALTA MEADOWS LN #1503
 City
DELRAY BEACH **FL** Zip Code
33444

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul F Laurdo* **PAUL F LAURDO, PRESIDENT** 3/2/04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$68,000**

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

DOCUMENT # **P99000072446**
 NAME **ALTIS INCOME HEDGE, INC.**
 STREET ADDRESS **6940 TOWN HARBOUR BLVD.**
 CITY-ST-ZIP **BOCA RATON, FL 33433**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2038 ALTA MEADOWS LN #1503**
 CITY-ST-ZIP **DELRAY BEACH, FL 33444**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

800030863888
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STREET ADDRESS
 CITY-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

SIGNATURE: *Paul F Laurdo* **PAUL LAURDO, PRESIDENT** 3/2/04 954-294-6427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE