APPRUVE.. AND FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

SIGNATURE: BY:

A9900002191

ADC EQUITY PARTNERS CANTERFIELD, LTD.							O2 APR 1	6 PM 3: 56		
Principal Place of Business Mailing Address 200 CORPORATE BLVD NW 200 CORPORATE BLVD						-	SECRETA (AELAHAS	RY OF STATE SSEE, FLORIDA		
2201 CORPORATE BLVD NW SUITE 200			2201 CORPORATE BLVD NW SUITE 200							
BOCA RATON	I FL 33431		ICA RATON FL 3343	31					(88)	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country			3. Mailing Address  Suite, Apt. #, etc.				IBAN KOKO KOKO KURIK DONA BOKA DURIK	E01   40		
							Takan wasan sa		- Anti-Sa	
						DUE BY MAY 1, 2002				
			City & State			4. FEI Number 65-1000355 Applied For Not Applicable				
			p	Coun	ntry	\$9.75 Addition		\$9.75 Additional	able	
	,		r		,		e of Status Desired	Fee Required		
	6. Name and Address of Curr	rent Registe	red Agent		Name	7. Name an	d Address of New Registe	ered Agent	-	
RDUVU V	BROAD AND CASSEL									
C/O JEFFREY A. DEUTCH					Street Address (P.O. Box Number is Not Acceptable)				Ì	
	DES ROAD SUITE 300									
BOCA RA	TON FL 33434				City			FL Zip Code	$\dashv$	
								<u> </u>		
8. The above	named entity submits this stateme	nt for the pu	irpose of changing	its register	ed office or regis	stered agent, or b	oth, in the State of Florida.			
SIGNATURE .										
	Signature, typed or printed name of registered a			nital Cantri	hutiana			ATE (ABLE TO DEPT. OF STATE	C 6 to t	
9. Capital Contributions as Shown on record. \$800.00 10. Amount of Capital in FLORIDA to date					buttoris			E FOR FEE INFORMATION		
	A GENERAL PARTNE	R THAT	S A BUSINESS	ENTITY N	UST BE REGI	ISTERED AND	ACTIVE WITH THIS OF	FICE.	}	
12.	NOTE: General Partners  GENERAL PART			1 the form	n; an amenom	ent must be 11	ADDRESS CHANGES			
DOCUMENT #	856211				EET ADDRESS					
NAME	ALTMAN DEVELOPMENT CO			Sini	EET AUDITESS		<del></del>			
STREET ADDRESS CITY-ST-ZIP	2201 CORPORATE BLVD NW BOCA RATON FL 33431	V SUITE 20	10	CITY	'-ST-ZIP					
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CITY-ST-ZIP							W 5 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
indicatéd	certify that the information supplied on this report is true and accurate	and that my	r signature shall ha	ve the sam	e legal effect as i	Section 119.07(3 if made under oa	i)(i), Florida Statutes. I furthe th; that I am a General Partr	er certify that the information ner of the limited partnersh	nip or	
the receiv	rer or trustee empewered to execut	te this report תייא לשמת א	as required by Ch	iapter 620,	riorida Statutes MEDAT DAT	PTNFR				

4/15/02

(561) 997-8661

Daytime Phone #