


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # A99000000660
1. Entity Name
MANSUR STORAGE PARTNERS, LTD.



Principal Place of Business: **875 N MICHIGAN AVENUE, SUITE 3620
CHICAGO, IL 60611**
Mailing Address: **875 N MICHIGAN AVENUE, SUITE 3620
CHICAGO, IL 60611**

2. Principal Place of Business: Suite, Apt #, etc.
3. Mailing Address: Suite, Apt #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**MANSUR, E. BARRY
1117 SCHEFFLERA DRIVE
CAPTIVA, FL 33924**



01262004 Chg-LP CR2E003 (10/03)

4. FEI Number: **65-0911293**
Applied For: Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$1,000.00**
10. Amount of Capital Contributions 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000104892	STREET ADDRESS	
NAME	FLORIDA ATLANTIC REALTY CORPORATION	CITY - ST - ZIP	
STREET ADDRESS	875 N. MICHIGAN AVENUE #3620		
CITY - ST - ZIP	CHICAGO, IL 60611		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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)(f), 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: Kurt D. Koepf Kurt Koepf 3/16/2004 312-263-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE