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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

NOV 18 2009

From:

Account Name : C T CORPORATION
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: bcarlmark@mansurco.com

**LP/LLLP REINSTATEMENT
MANSUR STORAGE PARTNERS, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$2,000.00

* 1,000.00

RECEIVED

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09 NOV 17 AM 8: 09

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A99000000660
1. Name of Limited Partnership
Mansur Storage Partners, Ltd.

2. Principal Office Address - No P.O. Box # 16646 Captiva Drive		3. Mailing Office Address 875 N. Michigan Ave	
State, Apt. #, etc.		State, Apt. #, etc. #3620	
City & State Captiva FL		City & State Chicago, IL	
Zip 33924	Country USA	Zip 60611	Country USA

CR2E039 (1/07)

4. Date Form or Registered To Do Business in Florida **April 22, 1999**

5. EEI Number **65-0911293** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status.

8. Name and Address of Current Registered Agent

Name
E. Barry Mansur

Street Address (P.O. Box Number Is Not Acceptable)
16646 Captiva Drive

State, Apt. #, Etc.

City
Captiva State **FL** Zip Code **33924**

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.
Supplemental Fee(s): \$98.75 for each year due this office.
Penalty Fee(s): \$500 for each year or part thereof limited partnership revealed on our records.

A \$500 penalty is due for each year or part thereof of the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notice. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620 (810 or 430 1900, Florida Statutes) I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent) Accepting Appointment: *E. Barry Mansur* DATE **11/16/2009**

(REGISTERED AGENT MUST SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address in Each General Partner (Do NOT Use Post Office Box Number)	City, State and Zip Code	10a. Registration Document Number
Florida Atlantic Realty Corporation	875 N. Michigan Avenue	Chicago, IL 60611	P970000104892

REINSTATEMENT

08-09

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 110, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information released on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, partner or trustee empowered to submit this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *E. Barry Mansur* DATE: **11/16/09**

Typed or Printed Name of General Partner Signing Form: **E. Barry Mansur, President, Florida Atlantic** Telephone Number: **312-263-2400**

FILED