

2001 UNIFORM BUSINESS REPORT (UBR)

0017066 AF

DOCUMENT # A00000000121

1. Entity Name

CONTINENTAL HOLDINGS II, LTD.

Principal Place of Business

875 NORTH MICHIGAN AVE., SUITE 3620
CHICAGO IL 60611

Mailing Address

875 NORTH MICHIGAN AVE., SUITE 3620
CHICAGO IL 60611

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MANSUR, E. BARRY
1117 SCHEFFLER DRIVE
CAPTIVA FL 33924

4. FEI Number

05-1037107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAR 13 AM 10:17

SECRETARY OF STATE



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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # V21513
NAME MANSUR & COMPANY-FLORIDA, INC.
STREET ADDRESS 875 NORTH MICHIGAN AVE., SUITE 3620
CITY-ST-ZIP CHICAGO IL 60611

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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***1703.75 ***141.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-14-01

(32)
263-2400

CR2E003 (11/00)