


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

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

<b>DOCUMENT # A00000000121</b> 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	3. Mailing Address
--------------------------------	--------------------

Suite, Apt #, etc	Suite, Apt #, etc.
-------------------	--------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 65-1037107	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

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

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 # NAME STREET ADDRESS CITY - ST - ZIP	A96000002313 PDMPR INVESTMENT CO., LTD. 875 NORTH MICHIGAN AVE., SUITE 3620 CHICAGO, IL 60611	STREET ADDRESS CITY - ST - ZIP	
---	--	-----------------------------------	--

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
---	--	-----------------------------------	--

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
---	--	-----------------------------------	--

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
---	--	-----------------------------------	--

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
---	--	-----------------------------------	--

DOCUMENT # NAME STREET ADDRESS 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: <i>Kurt O. Koepplin</i>	K. Koepplin/Continental Realty	312-263-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone If



01262004 Chg-LP CR2E003 (10/03)

000000114356  
 04/15/04-80047-004 141.25

STAPLE CHECK HERE