2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0000000122

i. Entity Name
CONTINENTAL HOLDINGS III, LTD.

Principal Place of Business 875 NORTH MICHIGAN AVE., SUITE 3620

CHICAGO IL 60611

STAPLE CHEUN HENG

SIGNATURE:



Mailing Address 875 NORTH MICHIGAN AVE.. SUITE 3620 CHICAGO IL 60611 FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

MJH

2. Principal Place of Business				Mailing Address		65	1841 16 311 14 111 6 0131 0 041	II ABIIS COISI BUS	IC 88184 (1816)(1818 (181 188)		
Suite, Apt. #, etc.				Suite, Apt. #, etc.		DUE BY MAY 1, 2003					
City & State				City & State			4. FEI Numbe	er 65-1037108		Applied For Not Applicable	
Zip Country			Zip		Coun	try	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent							7. Name and	Address of New Ro	egistered Ag	jent	
MANICUD C DADDV						Name			н		
MANSUR, E. BARRY						Street Address (P.O. Box Number is Not Acceptable)					
1117 SCHEFFLERA DRIVE						over reduced (1.0. Box various is not receptually)					
CAPTIVA FL 33924											
						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 ————————————————————————————————————											
9. Capital Contributions as Shown on record. 9. Capital Contributions in FLORIDA to date						outions			PAYABLE T	O FL. DEPT, OF STATE FEE INFORMATION	
		GENERAL PARTNER						CTIVE WITH THE	S OFFICE.		
12.							ADDRESS CHANGES ONLY				
DOCUMENT #	V21513					ET ADDRESS					
NAME	MANSUR & COMPANY - FLORIDA, INC. 875 NORTH MICHIGAN AVE., SUITE 3620 CHICAGO IL 60611					SHILLI NOUNLOS					
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-30-03

Daytime Phone #