2001	UNIFORM	BUSINESS	REPORT	(UBR)
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SIGNATURE:

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· - r -		Mailing Address		01		R 13 M 10: 17		U		
875 NORTH MICHIGAN AVE SUITE 3620 CHICAGO IL 60611 875 NORTH MICHIGAN AVE S CHICAGO IL 60611 CHICAGO IL 60611		ave Suite	SUITE 3620 SECRET		E ARY OF STATE AHASSEE. FLORIDA					
Principal Place of Business 3. Mailing Address								}		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			CE			
City & State City & State						4. FEI Number 36 - 4128559		Applied For Not Applicab	le	
Zip	Country	Zip	Coun	ntry		5. Certificate of Status Desired		75 Additional Required		
	6. Name and Address of Curre	nt Registered Agent		<u> </u>		7. Name and Address of New Registered	d Agen	ıt	コ	
					Name					
MANSUR, E. BARRY 1117 SCHEFFLERA DRIVE CAPTIVA FL 33924				Street Address (P.O. Box Number is Not Acceptable)					_	
				City		FL Zip Code				
									_	
8. The above	named entity submits this statemen	t for the purpose of changing	its register	ed office or r	egister	ed agent, or both, in the State of Florida.				
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (N	OTE: Registere	ed Agent signatur	e required	when reinstating) DATE				
9. Capital Contributions as Shown on record. \$35,000.00 10. Amount of Capital Conin FLORIDA to date.				ibutions		11. MAKE CHECK PAYAB SEE REVERSE SIDE	LE TO FOR FE	DEPT. OF STATE E INFORMATION		
	A GENERAL PARTNE	R THAT IS A BUSINESS E	ENTITY M	UST BE R	EGIST	TERED AND ACTIVE WITH THIS OFFICE to must be filed to change a general p	CE. artne	7.		
12.		NER INFORMATION	13.			ADDRESS CHANGES C		`	ゴ。	
DOCUMENT # NAME	V21513 MANSUR & COMPANY - FLORIDA, INC.		STR	REET ADDRESS		·			T (1700)	
	875 NORTH MICHIGAN AVE., SUITE 3620 CHICAGO IL 60611			Y-ST-ZIP						
DOCUMENT / NAME				REET ADDRESS		60000385: -03/15/01-	-011	[02028		
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP		****333.75 *****333.75				
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FET ADDRESS ST-ZIP			CIT	Y-ST-ZIP						
L CUMENT #			STR	REET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP						
indicator	certify that the information supplied d on this report is true and accurate ver or trustee empowered to execute	and that my signature shall ha	ive the sam	ne legal effec	xiasır f	ection 119.07(3)(i), Florida Statutes. I further on ade under oath; that I am a General Partner	certify to of the	that the informatior limited partnership	or	

2-14-01

Daytime Phone #