

2002 UNIFORM BUSINESS REPORT (UBR)

0004999 AV

DOCUMENT # **A00000000559**

1. Entity Name
MANSUR HOLDINGS IV, LTD.

FILED

02 APR 22 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.
3. Mailing Address: Suite, Apt. #, etc.

DUE BY MAY 1, 2002

4. FEI Number: **65-0966612** Applied For: Not Applicable
5. Certificate of Status Desired: **\$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.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000104892	STREET ADDRESS	
NAME	FLORIDA ATLANTIC REALTY CORPORATION	CITY-ST-ZIP	000005392750--5
STREET ADDRESS	875 NORTH MICHIGAN AVE., SUITE 3620		-04/30/02--01057--001
CITY-ST-ZIP	CHICAGO IL 60611	STREET ADDRESS	***1977.50 ***141.25
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: Kurt Koepin Kurt Koepin, Treas. 3/22/2002 (312)263-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)