



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

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

<b>DOCUMENT # A00000000559</b>		
1. Entity Name MANSUR HOLDINGS IV, 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

		
01262004	Chg-LP	CR2E003 (10/03)
4. FEI Number 65-0966612	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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	NAME FLORIDA ATLANTIC REALTY CORPORATION	STREET ADDRESS	
STREET ADDRESS 875 NORTH MICHIGAN AVE., SUITE 3620	CITY - ST - ZIP CHICAGO, IL 60611	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	1100000111364 04/15/04-80047-005 141.25
STREET ADDRESS		CITY - ST - ZIP	
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STAPLE CHECK HERE

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: Kurt D. Koepf Kurt Koepf 3/16/2004 312-263-2400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #