




**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP -2 AM 9:48

<b>DOCUMENT # A00000000559</b>				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name MANSUR HOLDINGS IV, LTD.		05 SEP -2 AM 9:48			
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.		08312005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0966612	
Zip		Country		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 SCHEFFLER 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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			
STREET ADDRESS	875 NORTH MICHIGAN AVE., SUITE 3620				
CITY-ST-ZIP	CHICAGO, IL 60611				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
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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)(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: 		8/31/05 312-263-2400			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #			