


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017172 AT

<b>DOCUMENT # A00000000559</b> 1. Entity Name <b>MANSUR HOLDINGS IV, LTD.</b>	
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FILED

03 MAY -5 PM 5:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

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			<b>DUE BY MAY 1, 2003</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	4. FEI Number <b>65-0966612</b>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**MANSUR, E. BARRY**  
 1117 SCHEFFLERA DRIVE  
 CAPTIVA FL 33924

7. Name and Address of New Registered Agent

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.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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	
DOCUMENT #	<b>P97000104892</b>
NAME	<b>FLORIDA ATLANTIC REALTY CORPORATION</b>
STREET ADDRESS	<b>875 NORTH MICHIGAN AVE., SUITE 3620</b>
CITY-ST-ZIP	<b>CHICAGO IL 60611</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>400017924864</b> US/05/03--01035--005 **1130.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: SIGNATURE KEVIN 4-30-03

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

CR2E003 (10/02)

SAMPLE CHECK HERE