2004	IINIEODM	BUSINESS	DEDADT	/IIDD1
ZVVI	CHILAUM	DUJINEJJ	REPURI	IUDN

PACIFIC INVESTORS, LTD. Fincipal Place of Business 85 NORTH MICHANN AVENUE. SUITE 5800 CHCAGO IL 60811 2. Phropipal Place of Business SUITA April 8 not CHCAGO IL 60811 2. Phropipal Place of Business SUITA April 8 not CHCAGO IL 60811 2. Phropipal Place of Business SUITA April 8 not CHCAGO IL 60811 2. Phropipal Place of Business SUITA April 8 not CHCAGO IL 60811 2. Phropipal Place of Business SUITA April 8 not CHCAGO IL 60811 2. Phropipal Place of Business SUITA April 8 not CHCAGO IL 60811 2. Phropipal Place of Business SUITA April 8 not CHCAGO IL 60811 2. Phropipal Place of Business SUITA April 8 not CHCAGO IL 60811 3. Mailing Address CHCAGO IL 60811 3. Mailin	DOCUMENT # A0000000989 1. Entity Name							DΣ	7019 AF		
## ST NORTH MICHANN MANUE. SUITE 980 HICAGO 1, 6911 2. Principal Place of Business Suite, Apr. 4, etc. Suite, Apr. 4, etc. Suite, Apr. 4, etc. City & State City & S						FILED			Š	71	
## ST NORTH MICHANN MANUE. SUITE 980 HICAGO 1, 6911 2. Principal Place of Business Suite, Apr. 4, etc. Suite, Apr. 4, etc. Suite, Apr. 4, etc. City & State City & S	Principal Plac	e of Business	····	Mailing Address				UT MAR 13 AM	10: 18		
2. Maring Address Sute, Apt. #, etc. Sute, Apt. #, etc. Sute, Apt. #, etc. Do Not writte in this SPACE Lety & State City &	875 NORTH MICHIGAN AVENUE. SUITE 3620 875 NORTH MICHIGAN AVENU		/ENUE. S	UITE 3620	T	SECRETARY OF S ALLAHASSEE, FLO	TATE ORIDA				
Sulle, Apt. #, etc. City & State Southing State BAPPY Country Street Address of Current Registered Agent Norm Street Address of New Registered Agent Norm Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) City & FL Zip Code StGNATURE Street Address (PO. Box Number is Not Acceptable) 11. MAKE CHECK PAYABLE TO DEPT OF STATE States of Florida. SIGNATURE Street Address (PO. Box Number is Not Acceptable) 11. MAKE CHECK PAYABLE TO DEPT OF STATE States of Florida. City & FL Zip Code 11. MAKE CHECK PAYABLE TO DEPT OF STATE States of Florida. City & FL Zip Code 11. MAKE CHECK PAYABLE TO DEPT OF STATE States of Florida. City & FL Zip Code 11. MAKE CHECK PAYABLE TO DEPT OF STATE States of Florida. City & FL Zip Code 11. MAKE CHECK PAYABLE TO DEPT OF STATE States of Florida. City & FL Zip Code 11. MAKE CHECK PAYABLE TO DEPT OF STATE States of Florida. City & FL Zip Code 12. City & FL Zip Code 13. ACCITY AND THE MICHIGAN PAYABLE TO DEPT OF STATE States of Florida. City & FL Zip Code City & FL Zip Code City & FL Zip Code 13. ACCITY AND THE MICHIGAN PAYABLE TO DEPT OF STATE States of Florida. City & FL Zip Code City & FL	A D-111	N(D)		Lauren							
City & Stato City & Stato Country Zip Country Zip Country S. Corrillicate of Status Desired S. S. And Address of Current Registered Agent T. Name and Address of New Registered Agent Name MANSUR, E. BARRY IITT SCHEFFLERA DRIVE CAPTIVA FL 33924 Street Address (F.O. Box Number in Not Acceptable) The above names entity automist him statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above names entity automist him statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above names entity automist him statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above names entity automist him statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above names entity automist him statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above names entity automist him statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above names entity automist him statement for the purpose of changing or name agent agent agent in the statement of the Statement agent in the Statement agent in the Statement agent agent in the Statement agent in the state	<u>, </u>				3. Mailing Address		, , ,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			***************************************	
Typ Country ZIp Country S. Contribute of Status Desired Country S. Contribute of Status Desired Country S. S. Contribute S. Contribute S. S. Contribute S. C	Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN TH	IIS SPACE				
September 1	City & Stat	е		City & State			4. FEI Number	0955153	Ap		}
MANSUR, E. BARRY 1117 SCHEFFLERA DRIVE CAPTIVA FL 33924 6. The above named entity automits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. 9. Copy FL Zp Code 8. The above named entity automits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. 9. Copital Contributions a Shown on record. 8. The above named entity automits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. 9. Copital Contributions a Shown on record. 8. The above named entity automits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. 9. Capital Contributions a Shown on record. 8. The above named entity automits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. 9. Capital Contributions a Shown on record. 9. Capital Contributions a Shown on record. 9. Capital Contributions and Shown on record. 9. Capital Contributions	Zip	Còur	itry	Zip	Cour	ntry			\$8.75 Add	itional	ĺ
MANSUR, E. BARRY 1117 SCHEFFLERA DRIVE CAPTIVA FL 33924 City FL Zip Code 8. The above named antity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Systems, hold or present review or registered upon at last a function. 9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions is of FLORIDA to date. A CENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVITY THAT BE SER REVERSE SIDE FOR REL INFORMATION 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOGUMENT / NAME SIRET ADDRESS OF AND ACTIVITY THAT SO A DISTRICT OCCUMENT / NAME SIRET ADDRESS OF AND ACTIVITY THAT SO ADDRESS OF A DESCRIPTION OF A DEVICE OF A DESCRIPTION OF A DEVICE		6. Name and Ad	dress of Current F	Registered Agent			7. Name and A	Address of New Register			1
1117 SCHEFFLERA DRIVE CAPTIVA FL 33924 City FL Zp Code 8. The above named antily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, 1,50ed or prised raine of ingione of upox and site if accidente 9. Ceptal Contributions as Shown on record. \$1,000.00 10. A CREWERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. A CREWERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. OCCUMENT / No. STREET ADDRESS COTY-ST-2P COLUMBRY / NO. CHICAGO IL 60611 STREET ADDRESS COTY-ST-2P COLUMBRY / NO. STREET ADDRESS COTY-ST-2P COTY-ST-2						Name					
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in this State of Florida. SIGNATURE 9. Capital Contributions \$1,000.00 10. Amount of Capital Contributions as Shown on record. 11. MAKE CHECK PAYABLE TO DEPT OF STATE SEE INFORMATION AGENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOUBLET / STATE SIRET ADDRESS CITY-ST-ZP CHICAGO IL 60611 STREET ADDRESS CITY-ST-ZP DOUBLET / NAME SIRET ADDRESS CITY-ST-ZP DOUBLET / ST-ZP DOUBLET / NAME SIRET ADDRESS CITY-ST-ZP DOUBLET / ST-ZP DOUBLET / NAME SIRET ADDRESS CITY-ST-ZP	-					Street Address (P.O. Box Number is Not Acceptable)				1	
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Syname, typed or printed name or impressed agent area shall agriculable. (FOTE: Registered Agent approximate required agent and shall agriculable. (FOTE: Registered Agent agent and proximate required agent agent and proximate required agent agent and proximate required. SIGNATURE Syname, typed or printed name or impressed agent area shall agriculable. (FOTE: Registered Agent									 _		1
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 Synature Synatur	Ora my	2 0002 .				City			Z in Code		┨
SIGNATURE 9. Capital Contributions as Shown on record as Shown on rec									·L	<u>-</u> -	ļ
Signature typetor or printed name of inglatent dispets of the lappleted by the control of page of the lappleted by the control of page of the lappleted by the	8. The above	named entity submit	s this statement for	the purpose of changing its	register	ed office or registere	ed agent, or both	, in the State of Florida.			
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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / WASHING & COMPANY-FLORIDA, INC. STREET ADDRESS MANSUR & COMPANY-FLORIDA, INC. STREET ADDRESS CITY-ST-ZIP COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / ST-ZIP DOCUMENT / ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STR	SIGNATURE	Signature, typed or printed i	name of registered agent ar	nd title if applicable. (NOT	E: Registere	ed Agent signature required	when reinstating)	DAT	<u> </u>		
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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME MANSUR & COMPANY-FLORIDA, INC. STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60611 STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS C			\$1,000.00			butions					1
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME STREET ADDRESS CITY-ST-2IP DOCUMENT	23 SHOWIT	A GENER		HAT IS A BUSINESS EN	TITY M			TIVE WITH THIS OFF	ICE.	MATION	1
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET	12						t must be filed				1
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP THE ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP THE			ENCIAL PARTIES	NA OLDANIOIA	_			ADDITION OF ANALOS	ONE		8
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP THE ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP THE	STREET ADDRESS	875 NORTH MICH	TH MICHIGAN AVENUE, SUITE 3620								003 (11/
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME 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 inclicated 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		CHICAGO IL 600	<u> </u>		STR	FET ADDRESS	20	0000385	5002-	4	SE
OCCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP Turther 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								-03/15/01- ***1271.2	-011020 5 ****1	<u>11 (</u> 41.25	¦ '
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Thereby 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 path, that I am a General Partner of the limited partnership or			·								1
CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, 1 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	NAME	;			ŞTR	EET ADDRESS		 			-
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP Thereby 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		<u></u> _			CITY	r-ST-ZIP					1
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP The street Address CITY-ST-ZIP The street Address CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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					STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filling 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					СІТҮ	'-ST-ZIP			···=		
STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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	DOCUMENT #				STR	EET ADDRESS				~[
DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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	STREET ADDRESS				CITY	/-ST-ZIP			IIN,	W.A	1
NAME 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					_				-(\ <u>\</u> \ <u>\</u> \)	71	1
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					STR	EET ADDRESS			<u> </u>		
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					CITY	r-ST-ZIP					
	indicated	on this report is true	and accurate and t	hat my signature shall have	the sam	e legal effect as if m	ction 119.07(3)(i) ade under oath; t	Florida Statutes, I further that I am a General Partne	certify that the in r of the limited pa	iformation artnership or	

SIGNATURE:

SKANDEK FEDT SIGNING GENERAL PARTNER

2.14-01 (312) 263-2460