فستختشقا

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

04 APR -9 PM 4:01 **DOCUMENT # A00000000989** SECRETARY OF STATE TALLAHASSEE, FLORIDA PACIFIC INVESTORS, LTD. Principal Place of Business Mailing Address 875 NORTH MICHIGAN AVENUE, SUITE 3620 875 NORTH MICHIGAN AVENUE, SUITE 3620 CHICAGO, IL 60611 CHICAGO, IL 60611 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262004 Chg-LP CR2E003 (10/03) City & State 4. FEI Number Applied For City & State -65-0955153 65-10842 15 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANSUR, E. BARRY Street Address (P.O. Box Number is Not Acceptable) 1117 SCHEFFLERA DRIVE CAPTIVA, FL 33924 City Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 as Shown on record. in FLORIDA to date 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. DOCUMENT # STREET ADDRESS NAME MANSUR, E. BARRY STREET ADDRESS % 875 N. MICHIGAN AVENUE, SUITE 3620 CITY-ST-ZIP CITY-ST-7IP CHICAGO, IL 60611 400032975754 04/16/04--01065--006 **14 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP DOCUMENT . STREET ADDRESS 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

APPRUVET AND

3/18/2004

E. Barry Mansur

312-263-2400

Daytime Phone #