


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**  
**Aug 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000989</b> 1. Entity Name <b>PACIFIC INVESTORS, LTD.</b>	
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Principal Place of Business <b>875 NORTH MICHIGAN AVENUE, SUITE 3620 CHICAGO, IL 60611</b>	Mailing Address <b>875 NORTH MICHIGAN AVENUE, SUITE 3620 CHICAGO, IL 60611</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07212006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>65-1084215</b>	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 <b>MANSUR, E. BARRY 1117 SCHEFFLERA DRIVE CAPTIVA, FL 33924</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

**FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006**

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 #		STREET ADDRESS	
NAME	<b>MANSUR, E. BARRY</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>% 875 N. MICHIGAN AVENUE, SUITE 3620</b>		
CITY-ST-ZIP	<b>CHICAGO, IL 60611</b>		
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CITY-ST-ZIP			

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08/31/06-800001-003 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**8/30/06** **312-263-2400**  
Date Daytime Phone #

STAPLE CHECK HERE