## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # A0000000989  1. Entity Name PACIFIC INVESTORS, LTD.				Secretary of St	
Principal Place of Business  875 NORTH MICHIGAN AVENUE, SUITE 3620 CHICAGO, IL 60611  Mailing Address  875 NORTH MICHIGAN AVENUE, SUITE 3620 CHICAGO, IL 60611		875 NORTH MICHIGAN AVENU	E, SUITE 3620		
				03292007 No Chg-LP CR2E003 (12/06)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 65-1084215	Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent			
MANSUR, E. BARRY			DO NOT WRITE		
1117 SCHEFFLERA DRIVE CAPTIVA, FL 33924			IN THIS SPACE		
				IN THIS STA	CL
	named entity submits this statement follows of registered agent.	or the purpose of changing its register	red office or register	red agent, or both, in the State of Florida.	1755
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable		05/25/07-80	0 <u>68-005 500 00</u>
		Will FEE IS \$500.00 2007, Fee will be \$900.00			
"	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS ENTITY MAY NOT be changed on the form	NUST BE REGIS	TERED AND ACTIVE WITH THIS On must be flied to change a gener	PFICE.
12,	GENERAL PARTNE	<u> </u>			
DOCUMENT #	MANGUE E DARRY				
NAME STREET ADDRESS	MANSUR, E. BARRY % 875 N. MICHIGAN AVENUE.	SUITE 3620			
CITY-ST-ZIP	CHICAGO, IL 60611				
DOCUMENT #					
NAME STREET ADDRESS		j			
CITY-ST-ZIP		ł			
DOCUMENT #					

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: .

NAME

STREET ADDRESS CITY+ST-ZIP

DOCUMENT # NAME
STREET ADDRESS
CTY-S1-ZIP
DOCUMENT # NAME
STREET ADDRESS
CTY-S1-ZIP
DOCUMENT # NAME
STREET ADDRESS
CTY-S1-ZIP
COCUMENT # NAME
STREET ADDRESS
CTY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

511/7

**DO NOT WRITE** 

IN THIS SPACE

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Daytime Phone #