

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001291

Entity Name
ELM PARTNERS, LTD.Principal Place of Business
75 NORTH MICHIGAN AVENUE, SUITE 3620
CHICAGO IL 60611Mailing Address
875 NORTH MICHIGAN AVENUE, SUITE 3620
CHICAGO IL 60611

FILED

03 MAY -9 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FL

2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1032050	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MANSUR, AUSTIN C 1117 SCHEFFLERA DRIVE CAPTIVA FL 33924				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. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F97000003797	STREET ADDRESS	
NAME	MANSUR INTERESTS II, LTD., CORP.	CITY-ST-ZIP	
STREET ADDRESS	875 NORTH MICHIGAN AVENUE, SUITE 3620		
CITY-ST-ZIP	CHICAGO IL 60611		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000018677460
STREET ADDRESS			05/09/03--01082--012 **\$65.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-30-03

Date

Daytime Phone #