

2001 UNIFORM BUSINESS REPORT (UBR)

2017020 AF

DOCUMENT # **A00000001292**

1. Entity Name

FLORIDA REALTY ADVISORS, LTD.

FILED *mf*

01 MAR 13 AM 10:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 875 NORTH MICHIGAN AVE., SUITE 3620 CHICAGO IL 60611	Mailing Address 875 NORTH MICHIGAN AVE., SUITE 3620 CHICAGO IL 60611
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 651033180	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MANSUR, AUSTIN C
1117 SCHEFFLERA DRIVE
CAPTIVA FL 33924**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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

DOCUMENT #	F97000003797
NAME	MANSUR INTERESTS II, LTD., CORP.
STREET ADDRESS	875 NORTH MICHIGAN AVE., SUITE 3620
CITY-ST-ZIP	CHICAGO IL 60611

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200003907932--0
CITY-ST-ZIP	-03/23/01--01085--005
	***1703.75 ***141.25

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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: *SKINDINK* **2-14-01** (312) 263 2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)