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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2005 LIMITED PARTNERSHIP ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CONTRATIONS DOCUMENT # A0400001688 05 SEP -2 AM 9: 47 1. Entity Name MANSUR CHICAGO PARTNERS, LTD. Principal Place of Business Mailing Address 875 N. MICHIGAN AVE., SUITE 3620 875 N. MICHIGAN AVE., SUITE 3620 CHICAGO, IL 60611 CHICAGO, IL 60611 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08312005 CR2E003 (10/03) Chq-LP City & State City & State Applied For 4. FE! Number Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANSUR, E. BARRY Street Address (P.O. Box Number is Not Acceptable) 1117 SCHEFFLERA DRIVE CAPTIVA, FL 33924 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE in accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 as Snown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. F97000003797 DOCUMENT # STREET ADDRESS NAME MANSUR INTERESTS II. LTD STREET ADDRESS 875 N. MICHIGAN AVE., SUITE 3620 CITY-ST-7IP CITY-ST-7IP CHICAGO, IL 60611 DOCUMENT # 500059678365 STREET ADDRESS -017STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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