

2001 UNIFORM BUSINESS REPORT (UBR)

0020747 SP

DOCUMENT # A97000001522

1. Entity Name

CONTINENTAL HOLDINGS I, LTD.

Principal Place of Business

875 N. MICHIGAN AVD., SUITE 3620
CHICAGO IL 60611

Mailing Address

875 N. MICHIGAN AVD., SUITE 3620
CHICAGO IL 60611

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2328996

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
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

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

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. CORPORATION
STREET ADDRESS 875 N. MICHIGAN AVE., SUITE 3600
CITY-ST-ZIP CHICAGO IL 60611

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000003907900--3
-03/23/01--01085--005
1703.75 *141.25

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: _____

Kendrick D. Kopsman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-14-01

Date

Daytime Phone #

(312) 463-2400

FILED
01 MAR 13 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)