


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021496 FP

**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

FILED

03 MAY -9 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number <b>58-2328996</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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. 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. <b>\$1,000.00</b>	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. CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	875 N. MICHIGAN AVE., SUITE 3600		
CITY-ST-ZIP	CHICAGO IL 60611		
DOCUMENT #		STREET ADDRESS	300018677433
NAME		CITY-ST-ZIP	05/09/03--01082--012 ***555.00
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NAME		CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *[Signature]* **4-30-03** Date

Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE

CR2E003 (10/02)