


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 58-2328996 | Applied For |
| | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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. 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 |
|--|---|--|

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 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| 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)