

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001595**

1. Entity Name  
**W.P. INVESTORS, LTD.**



**FILED**

03 MAY -9 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1117 SCHEFFLERA DRIVE  
CAPTIVA FL 33924**

Mailing Address  
**C/O MANSUR INTERESTS II, LTD.  
875 N. MICHIGAN AVE., SUITE 3620  
CHICAGO IL 60611**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-0766839**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**E. BARRY MANSUR  
1117 SCHEFFLERA  
CAPTIVA FL 33924**

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

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

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 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**  
NAME **MANSUR INTERESTS II LTD. CORPORATION**  
STREET ADDRESS **1117 SCHEFFLERA DRIVE**  
CITY-ST-ZIP **CAPTIVA FL 33924**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

**700018677497**  
**05/09/03 91002-013 \*\*222.50**

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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**

**4-30-03**

Date

Daytime Phone #

STAPLE CHECK HERE

2025003 (1/03)