

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Aug 31, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000001596

1. Entity Name
PLAINFIELD ROAD, LTD.



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**



07212006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0766837	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	F97000003797
NAME	MANSUR INTERESTS II, LTD. CORPORATION
STREET ADDRESS	1117 SCHEFFLERA DRIVE
CITY-ST-ZIP	CAPTIVA, FL 33924

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03/31/06-60001-002 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

8/30/06
Date

312-263-2400
Daytime Phone #

STAPLE CHECK HERE