

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 30 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/17



DO NOT WRITE IN THIS SPACE

DOCUMENT # **A97000002414**

1. Entity Name
SANTA CRUZ PARTNERS, LTD.

Principal Place of Business
**875 N. MICHIGAN AVENUE. #3620
CHICAGO IL 60611**

Mailing Address
**875 N. MICHIGAN AVENUE. #3620
CHICAGO IL 60611-1947**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2352757**

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

**MANSUR, E. BARRY
1117 SCHEFFLERA DRIVE
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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. **1,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F96000006539**
NAME **CONTINENTAL REALTY CORPORATION**
STREET ADDRESS **875 N. MICHIGAN AVENUE, #3620**
CITY - ST - ZIP **CHICAGO IL 60611**

STREET ADDRESS
CITY - ST - ZIP **000003204730--0
-04/11/00--01137--008
****141.25 ****141.25**

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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: *Richard J. Cabott*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-27-00
Date

312 263-2400
Daytime Phone #

CR2E003 (9/99)