

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 30 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4/7



DO NOT WRITE IN THIS SPACE

DOCUMENT # A99000000659

1. Entity Name
MANSUR HOLDINGS V, LTD.

Principal Place of Business 875 N. MICHIGAN AVENUE, SUITE 3620 CHICAGO IL 60611	Mailing Address 875 N. MICHIGAN AVENUE, SUITE 3620 CHICAGO IL 60611-1947
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number Applied For Not Applicable
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6. Name and Address of Current Registered Agent
MANSUR, E. BARRY
1117 SCHEFFLER 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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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

DOCUMENT #	P97000104892
NAME	FLORIDA ATLANTIC REALTY CORPORATION
STREET ADDRESS	875 N MICHIGAN AVENUE #3620
CITY - ST - ZIP	CHICAGO IL 60611

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	300003204913--9
CITY - ST - ZIP	-04/11/00--01144--007
	***141.25 ***141.25

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: *Robert White* **CREATED** 3-27-00 (312) 263-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)