

2001 UNIFORM BUSINESS REPORT (UBR)

0017017 AF

DOCUMENT # A99000000659

1. Entity Name
MANSUR HOLDINGS V, LTD.

FILED

01 MAR 13 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 875 N. MICHIGAN AVENUE, SUITE 3620 CHICAGO IL 60611
Mailing Address: 875 N. MICHIGAN AVENUE, SUITE 3620 CHICAGO IL 60611

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number: **65-0911295** | Applied For: Not Applicable

5. Certificate of Status Desired **\$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.

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.

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

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS **500003855005--4**
CITY-ST-ZIP **-03/15/01--01102--017**
*****1271.25 ***141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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: KINDTURA KROEPLIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-14-01 (312) 263-2400
Date Daytime Phone #

CFR2E003 (11/00)