


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 6, 2006**

**FILED  
Aug 31, 2006 08:00 A  
Secretary of State**

<b>DOCUMENT # A99000000659</b> 1. Entity Name <b>MANSUR HOLDINGS V, LTD.</b>	
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Principal Place of Business <b>875 N. MICHIGAN AVENUE, SUITE 3620 CHICAGO, IL 60611</b>	Mailing Address <b>875 N. MICHIGAN AVENUE, SUITE 3620 CHICAGO, IL 60611</b>
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**DO NOT WRITE IN THIS SPACE**



07212006 No Chg-LP      CR2E003 (11/05)

4. FEI Number <b>65-0911295</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**MANSUR, E. BARRY  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

**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:**  **8/30/06** **312-263-2400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #