Due By May 1, 2007

FILED 2007 LIMITED PARTNERSHIP ANNUAL REPORT May 04, 2007 08:00 A Secretary of State **DOCUMENT # A99000000659** MANSUR HOLDINGS V. LTD. Principal Place of Business Mailing Address 875 N. MICHIGAN AVENUE, SUITE 3620 875 N. MICHIGAN AVENUE, SUITE 3620 CHICAGO, IL 60611 CHICAGO, IL 60611 03292007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 65-0911295 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANSUR, É, BARRY DO NOT WRITE 1117 SCHEFFLERA DRIVE CAPTIVA, FL 33924 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. U00000761760 05/25/07-30<u>Q</u>Q8-008-500.00 Signature, typed or printed name of registered agent and little if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. P97000104892 DOCUMENT# FLORIDA ATLANTIC REALTY CORPORATION STREET ADDRESS 875 N MICHIGAN AVENUE #3620 CITY-ST-ZIP CHICAGO, IL 60611 DOCUMENT # NAME

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 employers to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

STREET ADDRESS CHY-ST-ZIP

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS Cary-ST-ZIP DOCUMENT # NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING GENERAL PARTNER