

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000001795
 1. Entity Name
PACIFIC HOLDINGS, LTD.


FILED

02 APR 22 PM 3:25

Principal Place of Business
**875 NORTH MICHIGAN AVE., SUITE 3620
 CHICAGO IL 60611**

Mailing Address
**875 NORTH MICHIGAN AVE., SUITE 3620
 CHICAGO IL 60611**

141-25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DUE BY MAY 1, 2002

4. FEI Number **65-0955153**
 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 _____ 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.

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	V21513 MANSUR & COMPANY-FLORIDA, INC. 875 NORTH MICHIGAN AVE., SUITE 3620 CHICAGO IL 60611
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	700005392817--5 -04/30/02--01057--002 ***1271.25 ****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: Kurt Koeplin Kurt Koeplin, Treas. 3/22/02 (312)263-2400
Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #

CR2E003 (9/01)

SIAPLE CHECK HERE