


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001795 1. Entity Name PACIFIC HOLDINGS, LTD.	
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Principal Place of Business 875 NORTH MICHIGAN AVE., SUITE 3620 CHICAGO, IL 60611	Mailing Address 875 NORTH MICHIGAN AVE., SUITE 3620 CHICAGO, IL 60611
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2. Principal Place of Business	3. Mailing Address	01262004	Chg-LP	CR2E003 (10/03)
Suite, Apt #, etc	Suite, Apt #, etc	4. FEI Number	Applied For	
City & State	City & State	65-0955153	Not Applicable	
Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$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
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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

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000104892	STREET ADDRESS	
NAME	FLORIDA ATLANTIC REALTY CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	875 NORTH MICHIGAN AVE., SUITE 3620		
CITY-ST-ZIP	CHICAGO, IL 60611		1100000114842
DOCUMENT #		STREET ADDRESS	04/15/04-60056-025 141.25
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 D. Koepf Kurt Koepf 3/16/2004 312-263-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #