

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001796

1. Entity Name
ALPINE INVESTORS, LTD.

Principal Place of Business 875 NORTH MICHIGAN AVENUE, SUITE 3620 CHICAGO IL 60611	Mailing Address 875 NORTH MICHIGAN AVENUE, SUITE 3620 CHICAGO IL 60611-1947
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

APPROVED
AND
FILED

00 MAR 30 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mg 417



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-8955151	Applied For <input type="checkbox"/> Not Applicable
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

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. 1000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	V21513 MANSUR & COMPANY-FLORIDA, INC. 875 NORTH MICHIGAN AVENUE, SUITE 3620 CHICAGO IL 60611	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	000003204920--7
		CITY - ST - ZIP	-04/11/00--01144--009
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		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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: *Robert R. Collette* **3-27-00 (312) 263-2400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)