

# 002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001796**

Entity Name  
**ALPINE INVESTORS, LTD.**

Principal Place of Business  
**NORTH MICHIGAN AVENUE, SUITE 3620  
CHICAGO IL 60611**

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

**FILED**

**02 APR 22 PM 3:24**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

*141-25*



Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0955151**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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

**7. Name and Address of New Registered Agent**

**MANSUR, E. BARRY  
1117 SCHEFFLER DRIVE  
CAPTIVA FL 33924**

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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **V21513**  
NAME **MANSUR & COMPANY-FLORIDA, INC.**  
STREET ADDRESS **875 NORTH MICHIGAN AVENUE, SUITE 3620**  
CITY-ST-ZIP **CHICAGO IL 60611**

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS **200005392792--5**  
CITY-ST-ZIP **-04/30/02--01057--001**  
**\*\*\*1977.50 \*\*\*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:** *SKANDOR K. O. [Signature]*

**3/22/2002 312-263-2400**

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

0004917 AV

CR2E003 (9/01)

STAPLE CHECK HERE