

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004972 AV

DOCUMENT # **B01000000086**

1. Entity Name  
**C90 LIMITED PARTNERSHIP**

FILED

02 APR 22 PM 3:24

Principal Place of Business  
**875 N. MICHIGAN AVE. #3620  
CHICAGO IL 60611**

Mailing Address  
**875 N. MICHIGAN AVE. #3620  
CHICAGO IL 60611**

*141.25*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State      City & State

4. FEI Number  
**36-3709224**

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 SCHEFFLERA 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 #	<b>MANSUR, E. B TRUSTEE 875 N. MICHIGAN AVE. #3620 CHICAGO IL 60611</b>	STREET ADDRESS	<del>200005392782--6</del> -04/30/02--01057--001 ***1977.50 ****141.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: *[Signature]*  
**SIGNATURE REQUIRED**

3/22/2002 (312)263-2400

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

CP2E003 (9/01)