
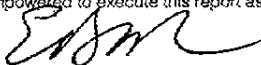


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

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

DOCUMENT # B01000000086					
1. Entity Name C90 LIMITED PARTNERSHIP					
Principal Place of Business 875 N. MICHIGAN AVE. #3620 CHICAGO, IL 60611			Mailing Address 875 N. MICHIGAN AVE. #3620 CHICAGO, IL 60611		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date. -		
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		
	MANSUR, E. B TRUSTEE				
	STREET ADDRESS		CITY - ST - ZIP		
	875 N. MICHIGAN AVE. #3620				
	CITY - ST - ZIP		000000114632		
	CHICAGO, IL 60611		04715704-80056-022 141.25		
DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY - ST - ZIP		
	CITY - ST - ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY - ST - ZIP		
	CITY - ST - ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY - ST - ZIP		
	CITY - ST - ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY - ST - ZIP		
	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)(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: 		E. Barry Mansur		3/18/2004 312-263-2400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	



01262004 Chg-LP CR2E003 (10/03)

4. FEI Number **36-3709224** Applied For Not Applicable

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

STAPLE CHECK HERE