


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED
May 04, 2007 08:00 A
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
--------------------------------------------------------------------------------	--------------------------------------------------------------------



03282007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3709224	Applied For 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

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

000000761748
05/25/07-2007-002-500.00
DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

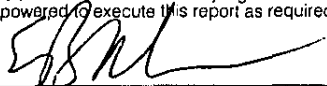
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MANSUR, E. B TRUSTEE 875 N. MICHIGAN AVE. #3620 CHICAGO, IL 60611
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/7 312263-2400
Date Daytime Phone #