2003 LIMITED PARTNERSHIP

DOCU 1. Entity Name		00000086			FILED 03 MAY -5 PM 5: 06				8
Principal Place of Business Mailing Addr 875 N. MICHIGAN AVE. #3620 875 N. MICHI CHICAGO IL 60611 CHICAGO IL			CHIGAN AVE. #3620		SECRETARY OF STATE TALLAHASSEE FLORIDA				
Principal Place of Business 3. Mailing Address			<u>·</u>						
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2003				
City & State		City & State	City & State		4. FEI Number	36-3709224		Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate o	5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Cui	rrent Registered Agent			7. Name and A	ddress of New Registere	d Agent		
MANSUR, E. BARRY				Name					
1117 SCHEFFLERA DRIVE CAPTIVA FL 33924				Street Address (P.O. Box Number is Not Acceptable)					
				City FL Zip Code					
the obligat	e named entity submits this statement tions of registered agent.	ent for the purpose of changing	its registere	ed office or register	red agent, or both,	in the State of Florida. I ar	m familiar wi	ith, and accept	<u> </u>
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.				DATE			١.
9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital (in FLORIDA to date				ontributions . 11. MAKE CHECK PAYABLE TO FL. DEPT. OF S SEE REVERSE SIDE FOR FEE INFORMATION					
		ER THAT IS A BUSINESS E S MAY NOT be changed on)
12.	GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY				
DOCUMENT # - NAME STREET ADDRESS	MANSUR, E. B TRUSTEE 875 N. MICHIGAN AVE. #3620 CHICAGO IL 60611		STREET ADD		500017924935 05/05/0301015005 **1130.00				
CITY-ST-ZIP DOCUMENT #			-						
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP		 			CR2E003 (10/02)
DOCUMENT #			STRE	ET ADDRESS		· · · · · · · · · · · · · · · · · · ·			1
STREET ADDRESS CITY-ST-ZIP			CITY-	·ST-ZIP			·		!
DOCUMENT # VAME STREET ADDRESS			STREI	ET ADDRESS		·			
CITY-ST-ZIP			CITY-	ST-ZIP					
DOCUMENT # NAME STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
STREET ADDRESS				ST-ZIP	<u> </u>				
indicated	certify that the information supplied on this report is true and accurate wer or trustee empowered to execu	and that my signature shall hav	CITY- for the exer-	ST-ZIP mption stated in Selegal effect as if n	ection 119.07(3)(i), nade under oath; ti	Florida Statutes. I further c nat I am a General Partner	ertify that th	ne information d partnership or	

SIGNATURE:

STAPLE CHECK HERE

4/24/03 312 263 - 2400
Daytime Phone #