

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90134 019 ***150.00

DOCUMENT # F96000006539

1. Entity Name
CONTINENTAL REALTY CORPORATION OF ILLINOIS



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

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

30064982



08312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3599013

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MANSUR, E BARRY
1117 SCHEFFLER DR
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPS MANSUR, E BARRY 1117 SCHEFFLER DR CAPTIVA, FL 33924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANSUR, E BARRY 1117 SCHEFFLER DR CAPTIVA, FL 33924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOEPLIN, KURT 801 PARK AVENUE WILMETTE, IL 60091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/05 312-263-2400
Date Daytime Phone #