

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP -2 AM 9:47

DOCUMENT # P97000104892

1. Entity Name  
FLORIDA ATLANTIC REALTY CORPORATION



Principal Place of Business  
1117 SCHEFFLERA DRIVE  
CAPTIVA, FL 33924

Mailing Address  
875 NORTH MICHIGAN AVENUE  
SUITE 3620  
CHICAGO, IL 60611

**DO NOT WRITE IN THIS SPACE**

08312005 No Chg-P CR2E034 (10/03)

4. FEI Number  
58-2364045

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MANSUR, E B  
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	P MANSUR, E.B. 1117 SCHEFFLERA DRIVE CAPTIVA, FL 33924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOEPLIN, KURT 801 PARK AVENUE WILMETTE, IL 60091
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/15/05--01045--017 \*\*1430.00

**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

Date

312-263-2400

Daytime Phone #