

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0004532
AF

DOCUMENT # **L97000001424**

1. Entity Name
CONTINUITY LC

00 MAR 30 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ng 4/12

Principal Place of Business: 11231 SOUTHWEST 114 LANE CIRCLE MIAMI FL 33176
Mailing Address: 11231 SOUTHWEST 114 LANE CIRCLE MIAMI FL 33176-3871



2. Principal Place of Business: 9555 SW 88TH ST. SUITE 209 MIAMI FL.
3. Mailing Address: 9555 SW 88TH ST. SUITE 209 MIAMI FL.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0801918
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: **FL** Zip Code: _____

B. 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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE: MGR NAME: CONCEPCION, DAVID R STREET ADDRESS: 11231 SOUTHWEST 114 LANE CIRCLE CITY-ST-ZIP: MIAMI FL 33176	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 9555 SW 88TH ST. SUITE 209 CITY-ST-ZIP: _____	
TITLE: MGR NAME: JOHNSON, ERIC T STREET ADDRESS: 11231 SOUTHWEST 114 LANE CIRCLE CITY-ST-ZIP: MIAMI FL 33176	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 9555 SW 88TH ST. SUITE 209 CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 100003213351--3 CITY-ST-ZIP: -04/18/00--01108--006 *****50.00 *****50.00	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **ERIC T. JOHNSON** 3-27-00 305.274.3640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

166161 (9/99)
CFR 1E083