

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026793

Entity Name: CONTINUUM 2404, LLC

FILED
Aug 31, 2007
Secretary of State

Current Principal Place of Business:

2900 SW 28 TERRACE SECOND FLOOR
COCONUT GROVE, FL 33133

Current Mailing Address:

2900 SW 28 TERRACE SECOND FLOOR
COCONUT GROVE, FL 33133

New Principal Place of Business:

C/O GOLDSTINE, SKRODZKI 835 MCCLINTOCK DR
SECOND FLOOR
BURR RIDGE, IL 60527 US

New Mailing Address:

C/O GOLDSTINE, SKRODZKI 835 MCCLINTOCK DR
SECOND FLOOR
BURR RIDGE, IL 60527 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NEAL S. LITMAN, P.A.
2900 SW 28 TERRACE SECOND FLOOR
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

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: CAROL A. DETERT, ASSISTANT SECRETARY

08/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: WILLIAMS, DANIEL T
Address: C/O GOLDSTINE, SKRODZKI 835 MCCLINTOCK DR
City-St-Zip: BURR RIDGE, IL 60527 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL T. WILLIAMS

MGR

08/31/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date