

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A27967

1. Entity Name
CONTINENTAL APARTMENTS, LTD.

Principal Place of Business
**% JENNETT INV CO.
3535 E COAST HWY S 358
CORONA DEL MAR CA 92625**

Mailing Address
**% JENNETT INV CO.
3535 E COAST HWY S 358
CORONA DEL MAR CA 92625-2404**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4. FEI Number
95-2810285

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**EASTMAN, DAVID D.
LUTZ, WEBB, ET AL., ONE SARASOTA TOWER
SUITE 500, TWO NORTH TAMiami TRAIL
SARASOTA FL 34236**

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

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.

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

9. Capital Contributions as Shown on record. **\$323,510.00**

10. Amount of Capital Contributions in FLORIDA to date. **65,000**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	Sussex Properties, INC.	STREET ADDRESS	
NAME	JAMES DAVID JENNETT	CITY - ST - ZIP	600003312956--4
STREET ADDRESS	3535 E. COAST HWY., S358		07/05/00-01067-005
CITY - ST - ZIP	CORONA DEL MAR CA		****526.25 *****526125
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **[Signature]** **SIGNATURE REQUIRED** **2-2-00** **(949) 723-1885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED
00 JUL -7 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE