

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04152005 Chg-LP CR2E003 (10/03)	
4. FEI Number 95-2810285				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EASTMAN, DAVID D. 2155 DELTA BLVD., STE 210-B TALLAHASSEE, FL 32303			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <div style="text-align: right;"><small>DATE</small></div>					
9. Capital Contributions as Shown on record. \$323,510.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P40028		STREET ADDRESS		
NAME	SUSSEX PROPERTIES, INC.		CITY-ST-ZIP		
STREET ADDRESS	3535 E. COAST HWY., S358		CITY-ST-ZIP		
CITY-ST-ZIP	CORONA DEL MAR, CA		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP			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)(l), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<div style="text-align: right;"> 4/15/05 949 833 9456 <small>Date Daytime Phone #</small> </div>		



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