

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Apr 17, 2006 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
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04102006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 95-2810285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
EASTMAN, DAVID D.  
2155 DELTA BLVD., STE 210-B  
TALLAHASSEE, FL 32303

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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.**

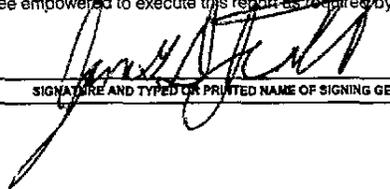
12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P40028 SUSSEX PROPERTIES, INC. 3535 E. COAST HWY., S358 CORONA DEL MAR, CA
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

1100000514699  
04/29/06-80181-020 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **JAMES DENNETT** 4/10/06 949 833-9450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #