

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020736

DOCUMENT # **A27967**

1. Entity Name  
**CONTINENTAL APARTMENTS, LTD.**



**FILED**  
**Apr 27, 2003 8:00 A.M.**  
**Secretary of State**

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

**DUE BY MAY 1, 2003**

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

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$323,510.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **P40028**  
NAME **SUSSEX PROPERTIES, INC.**  
STREET ADDRESS **3535 E. COAST HWY., S358**  
CITY-ST-ZIP **CORONA DEL MAR CA**

STREET ADDRESS  
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/17/03** **(949) 833-9456**

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE