

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000002778**

**1. Entity Name**

**CONTINENTAL LAUNDRIES 56TH STREET, LTD.**



**Principal Place of Business**

**10906 N. 56TH ST  
TEMPLE TERRACE FL 33617**

**Mailing Address**

**28 FLORAL AVENUE  
KEY WEST FL 33040**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite Apt. #, etc**

**Suite, Apt. #, etc**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

**59-3549159**

**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**

**BLUM, SAM  
4220 FAIRWAY RUN  
TAMPA FL 33624**

**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**

*Sam Blum*  
Signature typed or printed name of registered agent and title if applicable

**DATE**

*4-19-04*

**9. Capital Contributions  
as Shown on record**

**\$150,000.00**

**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 #** L02000025185  
**NAME** CONTINENTAL INVESTORS, LLC  
**STREET ADDRESS** 601 BAYSHORE BOULEVARD, SUITE 700  
**CITY - ST - ZIP** TAMPA FL 33606

**STREET ADDRESS**

**CITY - ST - ZIP**

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**STREET ADDRESS**

**CITY - ST - ZIP**

**000000140180**  
**04/29/04-80149-019 526.25**

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**STREET ADDRESS**

**CITY - ST - ZIP**

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**STREET ADDRESS**

**CITY - ST - ZIP**

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**STREET ADDRESS**

**CITY - ST - ZIP**

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**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)(c), 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:**

*Sam Blum*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Date**

**Daytime Phone #**

*4-19-04*

STAPLE CHECK HERE