

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002778**

1. Entity Name  
**CONTINENTAL LAUNDRIES 56TH STREET, LTD.**



FILED

03 APR 24 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3549159**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HARKER, DENNIS M  
28 FLORAL AVENUE KEY HAVEN  
KEY WEST FL 33040**

Name

**SAM BLUM**

Street Address (P.O. Box Number is Not Acceptable)

**4220 FAIRWAY ROW**

City

**Tampa**

FL

Zip Code

**33624**

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.

**Sam Blum**

**4/19/03**

DATE

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

**300016817553**  
**04/24/03--01002--024 \*\*526.25**

DOCUMENT #  
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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:

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

**4-19-03**

Date

Daytime Phone #

000385 AT

CR2E003 (10/02)