

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019684

FILED
Jan 11, 2008
Secretary of State

Entity Name: CONTINENTAL INVESTMENT PROPERTIES, LLC

Current Principal Place of Business:

157 E. NEW ENGLAND AVENUE
SUITE 202
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

157 E. NEW ENGLAND AVENUE
SUITE 202
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 55-0791392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, SEAN P
157 E. NEW ENGLAND AVENUE
SUITE 202
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAMPBELL, SEAN P
Address: 401 CORTLAND AVE
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Delete
Name: ORTIZ, ANDRES V
Address: 1861 EDWIN BOULEVARD
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Delete
Name: ROBERTS, CHRISTOPHER E
Address: 1411 HIBISCUS AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SEAN P. CAMPBELL

MGRM

01/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date