2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2005
Secretary of State

DOCUMENT# L03000000203

Entity Name: CONTINENTAL FAMILY PROPERTIES, LLC

Current Principal Place of Business:

1380 E. VINE STREET
KISSIMMEE, FL 34744

New Principal Place of Business:

1121 CONNECTICUT AVE
ST. CLOUD, FL 34769

Current Mailing Address:

P.O. BOX 470245
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 42-1569483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYES, ROBERT S
441 W. VINE STREET
KISSIMMEE, FL 34741 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	STANGO, SOSAMMA	
Address:	7862 W. IRLA BRONSON HWY #346	
City-St-Zip:	KISSIMMEE, FL 34747	
Title:	MGRM	( ) Delete
Name:	STANGO, TINA	
Address:	7862 W. IRLA BRONSON HWY #346	
City-St-Zip:	KISSIMMEE, FL 34747	
Title:	MGRM	( ) Delete
Name:	STANGO, JAISEN	
Address:	7862 W. IRLA BRONSON HWY #346	
City-St-Zip:	KISSIMMEE, FL 34747	

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 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 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: JAISEN STANGO MGRM 01/17/2005

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