2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000021974

1. Entity Name

CONTINUUM PROPERTIES ONE LLC

Principal Place of Business

2500 WESTON ROAD, SUITE 302 WESTON, FL 33331

Mailing Address

2500 WESTON ROAD, SUITE 302 WESTON, FL 33331

FILED Feb 05, 2007 8:00 am Secretary of State

02-05-2007 90197 044 ****50.00

60013031



DO NOT WRITE IN THIS SPACE

02022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2477927 Applied For
Not Applicable

5. Certificate of Status Desired Fee Required
Fee Required

6. Name and Address of Current Registered Agent

MESSING, ELLIOT 2500 WESTON ROAD, SUITE 302 WESTON, FL 33331

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chanions of registered agent.	iging its registered office or registered agent, or both, in the State	of Florida. I am familiar with, and accept
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Fi D	ling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	CONTINUUM ASSOCIATES LLC	i	
STREET ADORESS	2500 WESTON ROAD, SUITE 302		
CITY-ST-ZIP	WESTON, FL 33331		
TITLE			
NAME STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS		DO NOT	1A/PITE
CITY-ST-ZIP	-	DO NOT.	VVRIIE
TITLE		IN THIS	SDACE
NAME		14 11110	SIACE
STREET ADORESS			
CITY-ST-ZIP			
TITLE			
NAME CYRCET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			
STREET ADDRESS			
City-St-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

HISOCIATES, LLC

WITHOUGH

רט'

Daytime Phone #