-2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 14, 2006 8:00 am Secretary of State 02-21-2006 90177 048 ****50.00

DOCUMENT # L05000093358 1. Entity Name CONTINENTAL INVESTMENTS & ASSOCIATES, LLC						02-21-20	9006 90177 C)48 ***	**50.00
Principal Piace of Business 5380 SW 61ST AVE. DAVIE, FL 33314		Mailing Address 5380 SW 61ST AVE: DAVIE, FL. 33314			30002487				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02162005	Chg-LLC	CR2E083	(11/05)	
City & State		City & State			4. EEI Numb	35126	692		piled For it Applicable
Zip	Country	Žip	Coun		5. Certificate	of Status Desired		.00 Add Require	
6. Name and Address of Current Registered Agent					7. Name and	d Address of New	Registered Age	erat.	
FIGUEROA, DUVERILDO R				Name					
5380 SW 61ST AVE. DAVIE, FL 33314			Street Address (P.O. Bax Number is Not Acceptable)						
				City			FL	Zip Code	•
The above named entity spbmits 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 acceptus obligations of registered agent.								and accept	
SIGNATURE Signature, typed or gi	Intad name of registered agent or	nd the if applicable. (NOT	: Pegistera	d Agent signature required	when retreating)		DATE	-	
Filing Fee is \$50.00 Due by May 1, 2008					·		ike check pays de Cepertment		
9. 6	MANAGING MEMBER	S IMANAGERS	10.			ADDITION	S/CHANGES	<u> </u>	
TITLE MGRM	,	□ Delete	11111	: 1		ADDITION) Change	Addition
	DUVERILDO R		HAM	1			•	, 5.2.45	
STREET ADDRESS 5380 SW 61ST AVE. CITY-ST-DP DAVIE, FL 33314				ET ADDRESS - ST-ZIP					ĺ
TITLE DAVIE, FE S	Deleta			37-27				Change	Addition
NAME							_	,	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
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STREET ADDRESS CITY-ST-TIP			∮ .Υ	ET ACORESS	- Char- 445	Politica Processor	6	A Ab a 1-4	
11. I hereby certify that the Information supplied with this filing does not querify 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 shalfhave the same legal effect as II made under oath; that I am a managing member or manager of the similar liability company or the receiver or sustee empowered to associate this report as required by Chapter 508, Florida Statutes.									
SIGNATURE: 07-16-06 954 732-25/2									
SIGNATURE:	TYPED OR PROTED NAME OF	MOHING MANAGING MEMBER, MAN	AGER, OR	AUTHORIZED REPRESEN		U E/O	757 / Device	I Promi	-3/2



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

CONTINENTAL INVESTMENTS & ASSOCIATES, LLC 5380 SW 61ST AVE. DAVIE, FL 33314

Subject: CONTINENTAL INVESTMENTS & ASSOCIATES, LLC

Reference Number:

L05000093358

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RM ANNUAL REPORTS SECTION