

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90195 026 ****50.00

DOCUMENT # L98000000918

1. Entity Name

CONTINENTAL ASSOCIATES, L.C.

Principal Place of Business

**2000 CONTINENTAL DRIVE, SUITE A
 WEST PALM BEACH FL 33407**

Mailing Address

**2000 CONTINENTAL DRIVE, SUITE A
 WEST PALM BEACH FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0846851**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAGLIOCCA, GENNARO
 927 45TH ST., #206
 WEST PALM BEACH FL 33407**

Name

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

2000 CONTINENTAL DR #B

City

West Palm Beach

FL

Zip Code **33407**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME	MGR SAGLIOCCA, GENNARO <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	927 45TH STREET, #206	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (4/02)

11. 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 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:

SIGNATURE REQUIRED

[Handwritten Signature] **9/16/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #