

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002663

1. Entity Name

CONTINENTAL GROUP PROPERTIES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 17 AM 10:02

Principal Place of Business

7655 E. WING SHADOW
SCOTTSDALE AZ 85255

Mailing Address

7655 E. WING SHADOW
SCOTTSDALE AZ 85255



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Scottsdale Arizona
Suite, Apt. #, etc.
7655 E Wing Shadow
City & State
Rd Scottsdale Arizona
Zip 85255 Country Maracopa

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RITTER, RITTER & ZARETSKY, L.L.P.
555 N.E. 15TH STREET, SUITE 100
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name Ritter, Ritter & Zaretsky LLP
Street Address (P.O. Box Number is Not Acceptable)
555 N.E. 15th street Suite 100
City Miami Florida FL Zip Code 33132

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.

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

700003370007 4
-08/23/00--01092--022
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LUPYCIW, JOHN M
STREET ADDRESS 7655 E WING SHADOW
CITY-ST-ZIP SCOTTSDALE AZ 85255

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

John Lupyciw
Aug 10 11 2000

480-994-8583

Daytime Phone #

CR2E083 (5/00)