

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002663

1. Entity Name

CONTINENTAL GROUP PROPERTIES, L.L.C.

Principal Place of Business

7655 E. WING SHADOW RD.
SCOTTSDALE AZ 85255

Mailing Address

7655 E. WING SHADOW RD.
SCOTTSDALE AZ 85255

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

91-1986544

APPLIED FOR

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

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

Name

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

City

FL

Zip Code

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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
600004640366--7
-10/18/01--01003--001
*****50.00 *****50.00

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Aug 30/01

Date

Daytime Phone #

CR2E083 (5/01)

0010186