I. Entity Nam	me	# L99000	JUUC	3U 1 ~~	્ર	2 <b>.</b>	i.				
CONTI	inuum rea	ALTY, LLC			* سعوی	-		FILED			
Principal Place of Business		Mail	ling Address			01 S	SEP 14 PM	12: 17			
1410 SUNSET HARBOUR DRIVE. SUITE 218 MIAMI BEACH FL 33139  2. Principal Place of Business		1410	1410 SUNSET HARBOUR DRIVE. SUITE 218 MIAMI BEACH FL 33139			SECR	ETARY OF ST HASSEE, FLO	ATE			
		3. Mí	lailing Address		<del>-</del>	_					
Suite, Apt.	Suite, Apt. #, etc.		Su	uite, Apt. #, etc.			$\dashv$		T WRITE IN THI		UBN 1==.
City & State	te		Cit	ity & State			4. FEI N		LIED FOR		oplied For
Zip	Zip Country		Zip		Country	,		ficate of Status Des	sired [	\$5.00 Add	ditional
1.00	6. Name a	and Address of Curren	nt Register	red Agent		Name	7. Name	e and Address of	New Registere	•	
	HILIPS, DAVID	ESQUIRE ROAD, SUITE 319				+4	is (P.O. Box N	Number is Not Acce	eptable)	<b>L</b>	
	io lincoln r Iami Beach F				72	<del></del>	57 LOCENIASTON AVENILE				
					$\vdash$		<u> </u>	W Com			a
					'	City MICA	/ y'→トト200	10/1A	F		5-8-6
3. The above	named entity s	submits this statement t	for the purp	pose of changing its		H M G I	stered agent,			L 222	2)-E2/C
SIGNATURE _	<del>1</del>	W. W	$\gtrsim$ $\sim$		ts registered o	office or regis	stered agent, o	or both, in the State	of Florida.	- 30	 2)-8-1
SIGNATURE _	<del>1</del>	submits this statement	$\gtrsim$ $\sim$	pplicable. (NOT	ts registered of	office or regis	stered agent, o	or both, in the State	e of Florida.  THOS	- 30	<u> </u>
SIGNATURE _	<del>1</del>	W. W	$\gtrsim$ $\sim$	pplicable. (NOT FILE N Make Check Pa	ts registered of the Registered Age  IOW!!! FEI	office or regis	stered agent, of the state of State	or both, in the State	of Florida.  27/01  DATE  3/25/U1=	3684-	
SIGNATURE .	<del>1</del>	W. W	ent and title if ap	pplicable. (NOT FILE N Make Check Pa Due By	ts registered of the Registered Age  IOW!!! FEI	office or regis	stered agent, of the state of State	or both, in the State 6 (*) 4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	of Florida.  27/01  DATE	3684- 01011=1	
SIGNATURE	Signature, typed or a	printed have of registered ager  MANAGING MEMB	ent and title if ap	pplicable. (NOT FILE N Make Check Pa Due By	Is registered of the registered Age  IOW!!! FEI  Tayable to D  IO.  TITLE	office or regis	stered agent, of the state of State	or both, in the State 6 (*) 4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	of Florida.  27/01  DATE  3/25/01=  ####\$0.00	3684- 01011=1	
9. TITLE NAME STREET ADDRESS	Signature, typed or r	or printed name of registered ager	ent and title if ap	FILE N Make Check Pa Due By NAGERS	is registered of the registered Age  IOW!!! FEI  Tyable to by September  10.	office or regis gent signature requ EE IS \$50.0 DEPARTMENT DEPARTMENT DEPARTMENT	stered agent, of the state of State	or both, in the State 6 (*) 4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	of Florida.  27/01  DATE  3/25/01=  ####\$0.00	3684 01011== 1 *****	4 019 50.00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or r	MANAGING MEMB VICTOR A NSET HARBOUR DRI	ent and title if ap	FILE N Make Check Pa Due By NAGERS	Is registered age  IOW!!! FEI  AYABIE TO D  TITLE  NAME  STREET AL	office or regis gent signature requ EE IS \$50.0 DEPARTMENT DEPARTMENT DEPARTMENT	stered agent, of the state of State	or both, in the State 6 (*) 4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	of Florida.  27/01  DATE  3/25/01=  ####\$0.00	3684 01011== 1 *****	4 019 50.00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or r	MANAGING MEMB VICTOR A NSET HARBOUR DRI	ent and title if ap	FILE N FILE N Make Check Pa Due By NAGERS Delete	Is registered of Age  IOW!!! FEI  ayable to 10.  TITLE  NAME  STREET AL  CITY-ST  TITLE  NAME  STREET AL  STREET AL  STREET AL	office or regis gent signature requ EE IS \$50.0i Department over 26, 2001  ADDRESS -ZIP	stered agent, of the state of State	or both, in the State 6 (*) 4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	of Florida.  27/01  DATE  3/25/01=  ####\$0.00	31534 -010111 J ***** Change	——————————————————————————————————————
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or r	MANAGING MEMB VICTOR A NSET HARBOUR DRI	ent and title if ap	FILE N FILE N Make Check Pa Due By NAGERS Delete	IS registered Age  IOW!!! FEI  Ayable to D  TO.  TITLE  NAME  STREET AL  CITY-ST  TITLE  NAME	office or regis gent signature requ EE IS \$50.0i Department over 26, 2001  ADDRESS -ZIP	stered agent, of the state of State	or both, in the State 6 (*) 4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	of Florida.  27/01  DATE  3/25/01=  ####\$0.00	31534 -010111 J ***** Change	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or r	MANAGING MEMB VICTOR A NSET HARBOUR DRI	ent and title if ap	PPRICADIO (NOT) FILE N Make Check Pa Due By NAGERS Delete TE 218 Delete	Is registered of Age  IOW!!! FEI  Ayable to D  10.  TITLE  NAME  STREET AL  CITY-ST-:  TITLE  NAME  STREET AL  CITY-ST-:	office or regis gent signature requ EE IS \$50.0 Department per 26, 2001  ADDRESS -ZIP  ADDRESS -ZIP	stered agent, of the state of State	or both, in the State 6 (*) 4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	of Florida.  27/01  DATE  3/25/01=  ####\$0.00		——————————————————————————————————————
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or r	MANAGING MEMB VICTOR A NSET HARBOUR DRI	ent and title if ap	PPRICADIO (NOT) FILE N Make Check Pa Due By NAGERS Delete TE 218 Delete	Is registered age  IOW!!! FEI  AYABIE TO D  TITLE  NAME  STREET AL  CITY-ST-:  TITLE  NAME  STREET AL  CITY-ST-:  TITLE  NAME  STREET AL  CITY-ST-:  TITLE  TITLE  NAME  STREET AL  CITY-ST-:  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	office or regis gent signature requ EE IS \$50.0 Department per 26, 2001  ADDRESS -ZIP  ADDRESS -ZIP	stered agent, of the state of State	or both, in the State 6 (*) 4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	of Florida.  27/01  DATE  3/25/01=  ####\$0.00		
9. TITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or r	MANAGING MEMB VICTOR A NSET HARBOUR DRI	ent and title if ap	FILE N  Make Check Pa  Due By  NAGERS  Delete  Delete  Delete	IS registered Age  IOW!!! FEI  AYABIE TO D  IV Septembe  10.  TITLE  NAME  STREET AL  CITY-ST-  TITLE  NAME  STREET AL	office or regis  gent signature requi  EE IS \$50.00  DEPARTMENT DOER 26, 2001  ADDRESS -ZIP  ADDRESS -ZIP	stered agent, of the state of State	or both, in the State 6 (*) 4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	of Florida.  27/01  DATE  3/25/01=  ####\$0.00		-4 )119   Addition   Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS	Signature, typed or r	MANAGING MEMB VICTOR A NSET HARBOUR DRI	ent and title if ap	FILE N  Make Check Pa  Due By  NAGERS  Delete  Delete  Delete	IS registered Age  IOW!!! FEI  Ayable to D  TO.  TITLE  NAME  STREET AL  CITY-ST  TITLE  TITLE  NAME  STREET AL  CITY-ST  TITLE	office or regis  gent signature requi  EE IS \$50.00  DEPARTMENT DOER 26, 2001  ADDRESS -ZIP  ADDRESS -ZIP	stered agent, of the state of State	or both, in the State 6 (*) 4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	of Florida.  27/01  DATE  3/25/01=  ####\$0.00		4   119
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS	Signature, typed or r	MANAGING MEMB VICTOR A NSET HARBOUR DRI	ent and title if ap	POPUICABLE N FILE N MAKE Check Pa Due By NAGERS Delete Delete Delete Delete	IS registered of Age  IOW!!! FEI  AYABIE TO D  IV Septembe  10.  TITLE  NAME  STREET AL  CITY-ST-:  TITLE  NAME  STREET AD  STREET AD	office or regis gent signature requ EE IS \$50.0 Department Der 26, 2001  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	stered agent, of the state of State	or both, in the State 6 (*) 4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	of Florida.  27/01  DATE  3/25/01=  ####\$0.00		Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TIT	Signature, typed or r	MANAGING MEMB VICTOR A NSET HARBOUR DRI	ent and title if ap	POPUICABLE N FILE N MAKE Check Pa Due By NAGERS Delete Delete Delete Delete	IS registered of Age  IOW!!! FEI  AYABIE TO D  ITITLE NAME STREET AL CITY-ST  TITLE NAME STREET AL CITY-ST  TITLE NAME STREET AD CITY-ST	office or regis gent signature requ EE IS \$50.0 Department Der 26, 2001  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	stered agent, of the state of State	or both, in the State 6 (*) 4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	of Florida.  27/01  DATE  3/25/01=  ####\$0.00		Addition Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME VAME VAME VAME VAME VAME VAME VAM	Signature, typed or r	MANAGING MEMB VICTOR A NSET HARBOUR DRI	ent and title if ap	PPIICEDIE (NOT FILE N. Make Check Pr Due By NAGERS Delete Delete Delete Delete Delete	IS registered of Age  IOW!!! FEI  AYABIE TO D  IV Septembe  10.  TITLE  NAME  STREET AL  CITY-ST-:  TITLE  NAME  STREET AD  CITY-ST-:	office or regis  gent signature requi  EE IS \$50.0  Department over 26, 2001  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	stered agent, of the state of State	or both, in the State 6 (*) 4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	of Florida.  27/01  DATE  3/25/01=  ####\$0.00		Addition

SIGNATURE: