

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000003218

**FILED**  
**Apr 29, 2004**  
**Secretary of State**

**Entity Name:** CONTINENTAL 128 FUND LLC

**Current Principal Place of Business:**

10850 WEST PARK PLACE, SUITE 600  
MILWAUKEE, WI 53224

**New Principal Place of Business:**

W134 N8675 EXECUTIVE PARKWAY  
MENOMONEE FALLS, WI 53051

**Current Mailing Address:**

PO BOX 220  
MENOMONEE FALLS, WI 53052

**New Mailing Address:**

**FEI Number:** 39-1997110      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONTINENTAL DEVELOPMENT COMPANY, INC.  
1538 THE GREENS WAY, SUITE 105  
JACKSONVILLE, FL 32250 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: CONTINENTAL PROPERTI, ES COMPANY, IN C .  
Address: 10850 WEST PARK PLACE, SUITE 600  
City-St-Zip: MILWAUKEE, WI 53224

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CONTINENTAL PROPERTI, ES COMPANY, IN C .  
Address: W134 N8675 EXECUTIVE PARKWAY  
City-St-Zip: MENOMONEE FALLS, WI 53051

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS J. KEENAN

CFO

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date