

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-5183

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE
CONTINENTAL 102 FUND LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONTINENTAL 103 FUND LLC
Name of Corporation

DOCUMENT NUMBER: M04000003477

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

CASSANDRA ZURN, CORPORATE ACCOUNTANT
Name of Contact Person

CONTINENTAL PROPERTIES COMPANY INC.
Firm/Company

W134 N8675 EXECUTIVE PARKWAY
Address

MENOMONEE FALLS, WI 53051
City/State and Zip Code

CZURN@CPROPERTIES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CASSANDRA ZURN at (262) 502-5500
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2EDM5 (3/03)

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Continental 102 Fund LLC

2. (a) Principal office address of limited liability company: Attn: Legal Department

(Note: **MUST BE STREET ADDRESS**)

W134 N8675 Executive Parkway
Menomonee Falls, WI 53051

(b) Mailing address of limited liability company:

Attn: Legal Department

(Note: **MAY BE POST OFFICE BOX**)

W134 N8675 Executive Parkway
Menomonee Falls, WI 53051

08/23/2004

M04000003477

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Continental Development Company, Inc.

Registered Office Address:

4309 Pablo Oaks Court, Suite 5
Jacksonville Beach, FL 32224 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

(MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Thomas J. Keenan
Signature of a member or authorized representative of a member

Thomas J. Keenan, CFO

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby certify that the limited liability company has been notified in writing of this change.

By: Thomas J. Keenan
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 20 AM 9:18