


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State

06-08-2007 90003 002 ***550.00

DOCUMENT # P01000047827					
1. Entity Name CONTINUUM SOUTH BEACH REALTY, INC.					
Principal Place of Business 100 SOUTH POINTE DRIVE SALES OFFICE MIAMI BEACH, FL 33139			Mailing Address 100 SOUTH POINTE DRIVE SALES OFFICE MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 119 WASHINGTON AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 404			
City & State		City & State MIAMI BEACH, FL		4. FEI Number 58-2640663	
Zip		Country 33139 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAGUE, BRIAN C/O TEW CARDENAS REKAB KELLOGG, LEHMAN LLP 201 S. BISCAYNE BLVD., SUITE 2600 MIAMI, FL 33131-4336			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1441 BRICKEN AVENUE 15th Floor City MIAMI FL Zip Code 33131		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EICHNER, BRUCE 222 COLUMBIA HEIGHTS BROOKLYN, NY 11201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON HANAU, HEINRICH 2524 FISHER ISLAND DRIVE MIAMI, FL 33109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINER, APHRODITE 100 SOUTH POINTE DRIVE, UNIT 3901 MIAMI, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINER, APHRODITE 100 SOUTH POINTE DRIVE, UNIT 3901 MIAMI, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINER, APHRODITE 100 SOUTH POINTE DRIVE, UNIT 3901 MIAMI, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINER, APHRODITE 100 SOUTH POINTE DRIVE, UNIT 3901 MIAMI, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINER, APHRODITE 100 SOUTH POINTE DRIVE, UNIT 3901 MIAMI, FL 33139	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					