I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES T MURPHY

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

04/08/2013 Date

Date

Secretary of State CC7373094844

FILED Apr 08, 2013

Certificate of Status Desired: No

SIG

FROST, IRWIN M 1111 BRICKELL AVENUE

SUITE 2050

Aut

Title	MGRM	Title	MGRM	
Name	MURPHY, JIM/MAUREEN TE	Name	THE MURPHY FAMILY LIMITED PARTNERSHIP TWO	
Address	1150 CENTRAL AVENUE	Address	1150 CENTRAL AVENUE	
City-State-Zip:	NAPLES FL 34102	Address	1150 GENTRAL AVENUE	
		City-State-Zip:	NAPLES FL 34102	

MIAMI, FL			
The above na	amed entity submits this statement for the purpose of char	nging its registered office or i	registered agent, or both, in the State of Fl
SIGNATL	IRE:		
	Electronic Signature of Registered Agent		
Authorize	ed Person(s) Detail :		
Title	MGRM	Title	MGRM
Name	MURPHY, JIM/MAUREEN TE	Name	THE MURPHY FAMILY LIMITE

Current Mailing Address:

1150 CENTRAL AVENUE NAPLES. FL 34102

FEI Number: 26-3628142

Name and Address of Current Registered Agent:

1150 CENTRAL AVENUE NAPLES. FL 34102

DOCUMENT# L08000100861

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: CONTINENTAL FINANCE, LLC

Current Principal Place of Business: