

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000003323

Entity Name: CONTINENTAL 473 FUND LLC

Current Principal Place of Business:

W134N8675 EXECUTIVE PKWY
MENOMONEE FALLS, WI 53051

Current Mailing Address:

W134N8675 EXECUTIVE PKWY
MENOMONEE FALLS, WI 53051 US

FEI Number: 83-1687261

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title MGR
Name CONTINENTAL PROPERTIES COMPANY, INC.
Address W134N8675 EXECUTIVE PKWY
City-State-Zip: MENOMONEE FALLS WI 53051

Title PRESIDENT
Name MINAHAN, DANIEL J
Address W134N8675 EXECUTIVE PKWY
City-State-Zip: MENOMONEE FALLS WI 53051

Title CEO
Name SCHLOEMER, JAMES H
Address W134N8675 EXECUTIVE PKWY
City-State-Zip: MENOMONEE FALLS WI 53051

Title TREASURER, EVP
Name MADELL, EDWARD J
Address W134N8675 EXECUTIVE PKWY
City-State-Zip: MENOMONEE FALLS WI 53051

Title SECRETARY, EVP
Name SEIFERT, PAUL R
Address W134N8675 EXECUTIVE PKWY
City-State-Zip: MENOMONEE FALLS WI 53051

Title EVP
Name GRIMM, KIMBERLY
Address W134N8675 EXECUTIVE PKWY
City-State-Zip: MENOMONEE FALLS WI 53051

Title EVP
Name BAGBY, JOSEPH
Address W134N8675 EXECUTIVE PKWY
City-State-Zip: MENOMONEE FALLS WI 53051

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL R. SEIFERT

SECRETARY & EVP

04/18/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date