

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000003267

**Entity Name:** CONTINENTAL 678 FUND LLC

**Current Principal Place of Business:**

W134 N8675 EXECUTIVE PARKWAY  
MENOMONEE FALLS, WI 53051

**Current Mailing Address:**

W134 N8675 EXECUTIVE PARKWAY  
MENOMONEE FALLS, WI 53051

**FEI Number:** 88-0850747

**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 AP  
Name SCHLOEMER, JAMES H  
Address W134 N8675 EXECUTIVE PARKWAY  
City-State-Zip: MENOMONEE FALLS WI 53051

Title AP  
Name MINAHAN, DANIEL J  
Address W134 N8675 EXECUTIVE PARKWAY  
City-State-Zip: MENOMONEE FALLS WI 53051

Title AP  
Name SEIFERT, PAUL R  
Address W134 N8675 EXECUTIVE PARKWAY  
City-State-Zip: MENOMONEE FALLS WI 53051

Title AP  
Name MADELL, EDWARD J  
Address W134 N8675 EXECUTIVE PARKWAY  
City-State-Zip: MENOMONEE FALLS WI 53051

Title AP  
Name GRIMM, KIMBERLY  
Address W134 N8675 EXECUTIVE PARKWAY  
City-State-Zip: MENOMONEE FALLS WI 53051

Title AP  
Name BAGBY, JOSEPH  
Address W134 N8675 EXECUTIVE PARKWAY  
City-State-Zip: MENOMONEE FALLS WI 53051

Title MANAGER  
Name CONTINENTAL PROPERTIES  
COMPANY, INC.  
Address W134 N8675 EXECUTIVE PARKWAY  
City-State-Zip: MENOMONEE FALLS WI 53051

Title VC  
Name SEVERSON, GERARD  
Address W134N8675 EXECUTIVE PARKWAY  
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

**AUTHORIZED PERSON**

**04/22/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date