## LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVEL AND

DOCUMENT # B0100000444  1. Entity Name					02 APR -8 PM 3: 11			
CTK INVESTORS 1 LP					SECRETARY OF STATE FALL AHASSEE, FLORIDA			
	DO NOT WRITE	IN THIS S	PAC	E			•	
2. Principal Place of Business 3. Mailing Addr. 1764 San Diego Avenue 1764 Sa			San Diego Avenue			DO NOT WRITE IN THIS SPACE		
Suite Apt. #. etc. Attn: Legal Dept.		Suite, Apt. #, etc. Attn: Legal Dept.				DUE BY MAY 1		
City & State San Diego, CA		City & State San Diego, CA		4. FEI Number 33-09	91433	Applied For Not Applicable		
Zip Country		Zip	Zip Count		5 Certificate of Status Desired S8.75 Additional			
92110	USA	92110	<u>  USA</u>	<u>A</u>	7. Name and Ad	dress of Current Registered A	ee Required Agent	_
		·		Name Co.1	rporation	Service Compa	nv	
DO NOT WRITE					et Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
IN THIS SPACE				120	1201 Hays Street			
[				City		<u> </u>	Zip Code	-
				[ Tall	llahassee	FL	32301	4
8. The above	e named entity submits this statement for	the purpose of changing i	its registere	ed office or regis	stered agent, or both	in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable.				DATE		
9 Capital Contributions 10 Amount of Capital 6				butions			1	
as Shown on record. \$ 17, (000,000) in FLORIDA to date  A GENERAL PARTNER THAT IS A BUSINESS ENTI								_
	NOTE: General Partners MA	/ NOT be changed on	the form	; an amendm	ent must be filed	to change a general partr	er.	
12.	GENERAL PARTNER			<u> </u>				- -  €
NAME	M99000000070 ConAm DOC Affiliates LLC		STRE	ET ADDRESS				12/0
STREET ADDRESS CITY-ST-ZIP	1764 San Diego Avenue San Diego, CA 92110		CITY	-ST-ZIP	COOCHE STEEL		CR2E(003B (12/01)	
DOCUMENT #			STRE	ET ADDRESS		****・プロー	****500.5	R2#
NAME STREET ADDRESS	ness .						٦ <u>٥</u>	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** 

STAPLE CHECK HERE

E. Scott Dupree, Vice President

03/01/02

(619) 297-6771