


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # B01000000444					
1. Entity Name CTK INVESTORS 1 LP					
Principal Place of Business 3990 RUFFIN ROAD, SUITE 100 ATTN: LEGAL DEPT. SAN DIEGO, CA 92123			Mailing Address 3990 RUFFIN ROAD, SUITE 100 ATTN: LEGAL DEPT. SAN DIEGO, CA 92123		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 33-0991433	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name Street Address (P.O. Box Number Is Not Acceptable) City	
FL				Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$17,600,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M99000000070		STREET ADDRESS		
NAME	CONAM DOC AFFILIATES LLC		CITY-ST-ZIP		
STREET ADDRESS	3990 RUFFIN ROAD, SUITE 100				
CITY-ST-ZIP	SAN DIEGO, CA 92123				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 880, Florida Statutes.					
By: Continental American Properties, Ltd., By: DJE Financial Corp.					
SIGNATURE: Scott Dupree, VP			1-6-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
			Daytime Phone #		



01052005 Chg-LP CR2E003 (10/03)

STAPLE CHECK HERE