2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Jan 22, 2008 08:00 Al Secretary of State Due By May 1, 2008 DOCUMENT #B93000000042 CONTINENTAL AMERICAN PROPERTIES, LTD. Principal Place of Business Mailing Address 3990 RUFFIN ROAD, SUITE 100 3990 RUFFIN ROAD, SUITE 100 ATTN: LEGAL DEPT. ATTN: LEGAL DEPT. SAN DIEGO, CA 92123 SAN DIEGO, CA 92123 01032008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 95-3005662 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. DO NOT WRITE 1201 HAYS STREET, STE. 105 IN THIS SPACE TALLAHASSEE, FL 32301 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # NAME EPSTEIN, DANIEL J STREET ADDRESS 3990 RUFFIN ROAD, SUITE 100 CITY-ST-ZIP SAN DIEGO, CA 92123 DOCUMENT # NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP DOCUMENT # STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT#

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my stignature 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 exactly the exemption of the limited partnership or the receiver or trustee empowered to exactly the exemption of the limited partnership or the receiver or trustee empowered to exactly the exemption of the limited partnership or the receiver or trustee empowered to exactly the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and accurate and the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and accurate and the exemption of the limited partnership or the receiver or trustee empowered to exactly the exemption of the limited partnership or the receiver or trustee empowered to exactly the exemption of the limited partnership or the receiver or trustee empowered to exactly the exemption of the limited partnership or the receiver or trustee empowered to exactly the exemption of the limited partnership or the receiver of the exemption of the limited partnership or the receiver of the exemption of the limited partnership or the receiver of the exemption of the limited partnership or the receiver of the limited partnership or the limited par

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

ED NAME OF SIGNING GENERAL PARTNER