


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2004 8:00 am**  
**Secretary of State**

01-21-2004 90027 029 \*\*\*\*50.00

<b>DOCUMENT # M00000002458</b>	
1. Entity Name WILLA SPRINGS INVESTORS LLC	

Principal Place of Business 1764 SAN DIEGO AVE. SAN DIEGO, CA 91220-1997	Mailing Address 1764 SAN DIEGO AVE. ATTN: LEGAL DEPT SAN DIEGO, CA 92110 US
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2. Principal Place of Business 3990 Ruffin Road Suite, Apt. #, etc. Suite 100 Attn: Legal	3. Mailing Address 3990 Ruffin Road Suite, Apt. #, etc. Suite 100 Attn: Legal
City & State San Diego, CA	City & State San Diego, CA
Zip 92123 Country USA	Zip 92123 Country USA



01092004 Chg-LLC CR2E083 (10/03)

4. FEI Number 33-0937224	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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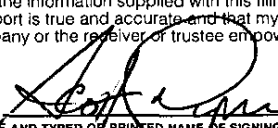
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTINENTAL AMERICAN PEOPERTIES, LTD 1764 SAN DIEGO AVENUE SAN DIEGO, CA 92110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Continental American Properties, Ltd. 3990 Ruffin Road, Suite 100 San Diego, CA 92123 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **E. Scott Dupree, Vice President**  
of Managing Member

1/13/04 (858) 614-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #