2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jul 19, 2004 8:00 am Secretary of State **DOCUMENT # M03000002291** 07-19-2004 90232 007 ****50 00 OAKWOOD ORLANDO LLC Principal Place of Business Mailing Address 14025944 3990 RUFFIN ROAD, SUITE 100 3990 RUFFIN ROAD, SUITE 100 SAN DIEGO, CA 92123 SAN DIEGO, CA 92123 Attn: Legal Dept. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 57-1177660 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREËT TALLAHASSEE, FL 32301-2525 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Change ■ Addition TITLE TITLE CONTINENTAL AMERICAN PROPERTIES, LTD. NAME NAME STREET ADORESS 3990 RUFFIN ROAD, SUITE 100 STREET ADDRESS SAN DIEGO, CA 92123 CITY-ST-ZIP CITY-ST-7IP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIT! E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

general partner of Managing Member.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

E. Scott Dupree, Vice Pres.

07/12/04

(858) 614-7200

Daytime Phone #

DJE Financ

SIGNATURE:

FILED