

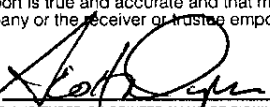


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-21-2004 90027 026 ****50.00

DOCUMENT # M99000000069 1. Entity Name DOC INVESTORS, L.L.C.						
Principal Place of Business 1764 SAN DIEGO AVENUE SAN DIEGO, CA 92110			Mailing Address 1764 SAN DIEGO AVENUE ATTN:LEGAL DEPT SAN DIEGO, CA 92110			
2. Principal Place of Business 3990 Ruffin Road		3. Mailing Address 3990 Ruffin Road		 01092004 Chg-LLC CR2E083 (10/03)		
Suite, Apt. #, etc. Suite 100 Attn: Legal		Suite, Apt. #, etc. Suite 100 Attn: Legal				
City & State San Diego, CA		City & State San Diego, CA				
Zip 92123		Zip 92123				
Country USA		Country USA		4. FEI Number 33-0836749		
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			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete CONAM DOC AFFILIATES ADMIN. MEMBER 1764 SAN DIEGO AVENUE SAN DIEGO, CA 92110			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ConAm DOC Affiliates Admin. Member 3990 Ruffin Road, Suite 100 San Diego, CA 92123	
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	
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	
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 General Partner of Managing Member		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 1/13/04 Daytime Phone # (858)614-7200		