2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000069

1. Entity Name DOC INVESTORS, L.L.C.



US

Principal Place of Business

3990 RUFFIN ROAD SUITE 100 ATTN: LEGAL SAN DIEGO, CA 92123

Mailing Address

3990 RUFFIN ROAD SUITE 100 ATTN: LEGAL SAN DIEGO, CA 92123

FILED Jan 24, 2005 08:00 AM **Secretary of State**



01052005 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number	Applied For
	33-0836749	Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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	named entity submits this statement for the purpose of changing its registe ions of registered agent.	red office or registered agent, or both, in the State of Florida. I am famíliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registe	od Agent signature required when reinstating) DATE
Fi	iling Fee is \$50.00 ue by May 1, 2005	U00000191156 01/24/05-80159-025 50.00
).	MANAGING MEMBERS/MANAGERS	
ITLE IAME STREET ADDRESS SITY-ST-ZIP	MGRM CONTINENTAL AMERICAN PROPERTIES, LTD. 3990 RUFFIN ROAD, SUITE 100 SAN DIEGO, CA 92123	
ITLE VAME STREET ADDRESS CITY-ST-ZIP		
TITLE VAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS		

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 logal 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 frequired by Chapter 608, Florida Statutes.

By: DJE Financial Corp.

TITLE NAME STREET ADDRESS

SIGNATURE: Scott Dupree,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

858/614/7200

Daytime Phone #