

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90054 025 ****85.00

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**

20019776



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **33-0836749**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00: Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete
NAME **CONAM DOC AFFILIATES ADMIN. MEMBER**
STREET ADDRESS **1764 SAN DIEGO AVENUE**
CITY-ST-ZIP **SAN DIEGO CA 92110**

TITLE **Managing Member** ☒ Change ☐ Addition
NAME **Continental American Properties, Ltd.**
STREET ADDRESS **1764 San Diego Avenue**
CITY-ST-ZIP **San Diego, CA 92110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

E. Scott Dupree, Vice President

SIGNATURE: *[Signature]* **of General Partner of**
Managing Member

01/17/03 (619) 297-6771

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

Date

Daytime Phone #

CR2E083 (10/02)