DOCUI	MENT	# M990	0000	00070		<u> </u>		on fligh		•	
1. Entity Name CONAM DOC AFFILIATES LLC								SECRETARY OF STATE DIVISION OF CORPORATIONS			
		<u> </u>						00 JUL 13 PH	VIATION	S	
Principal Place of Business Malling Address								1:25			
1764 SAN DIEGO AVE. 1764 SAN DIEGO AVE. SAN DIEGO CA 92110 SAN DIEGO CA 92110								\mathcal{M}			
2. Principal Place of Business			3. N	3. Mailing Address							
Suite, Apt. #, etc.			Si	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			c	City & State			4. FEI Number Applied For Not Applied be]
Zip Country			Zi	ip	Coun	itry	5 Certi	ificate of Status Desired	5.00 Add		1
6. Name and Address of Current			t Registe	ered Agent				e and Address of New Registered A	ee Required	d	_
						Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET						Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301-2525											
						City		FL	Zip Code	9	
8. The above	named entit	y submits this statement	for the pu	rpose of changing its	registere	ed office or regis	tered agent,	or both, in the State of Florida.			
SIGNATURE .	Signature typed	or printed name of registered ages	and title if	applicable. (NOTI	: Registere	d Agent signature requ	red when reinstat	ing) DATE		<u>. </u>	
						FEE IS \$50.0				7	1
				Make Check Pa		•					
9.		MANAGING MEME	ERS/MA	NAGERS	10.			ADDITIONS/CHANGES			1
TITLE NAME	NTAL AMERICAN PRO	☐ Delete S. LTD.					Change	Addition	(5/0		
STREET ADDRESS CITY-ST-ZIP	1764 SAN DIEGO AVE. SAN DIEGO CA 92110					ET ADDRESS - ST-ZIP					72E083 (5/00)
TITLE	Delete								☐ Change	Addition	8
NAME STREET ADDRESS	s					EET AODRESS	i	8000033269384 -07/18/0001085007			
CITY-ST-ZIP				C pure	CFTY-ST-ZIP TITLE				E AND HE SE		-
TITLE NAME				Delete	NAM	Į.			C1 custige		
STREET ADDRESS : CITY-ST-ZIP						EET ADDRESS '- ST-ZIP					
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STREET ADDRESS					NAM Stre	ET ADDRESS					
CITY-ST-ZIP				☐ Delete	CITY	-ST-ZIP			☐ Change	☐ Addition	-
NAME				☐ Delete	NAM	E					
STREET_ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP					
TITLE				☐ Delete	TITLE	į.			☐ Change	Addition	
NAME STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP	ertify that th	a information supplied wi	th this fili	does not qualificate		-ST-ZIP	Section 119	07(3)(i), Florida Statutes. I further cert	ify that the in	formation	-
indicated	on this repo	rt is true and accurate an	d that phy	signature shall have	the same	e legal effect as i	f made unde	or oath; that I am a managing member orida Statutes.	or manage	r of the	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

E. Scott Dupree, Vice President for Ceneral Partner

07/05/00

(619) 297-6771

Daytime Phone #