

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90083 020 *****50.00

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DOCUMENT # M99000000070

1. Entity Name

CONAM DOC AFFILIATES LLC

Principal Place of Business

**1764 SAN DIEGO AVE.
SAN DIEGO CA 92110**

Mailing Address

**1764 SAN DIEGO AVE.
SAN DIEGO CA 92110**

2. Principal Place of Business

3. Mailing Address

1764 San Diego Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Legal Dept.

City & State

City & State

San Diego, CA

Zip

Country

92110

USA

4. FEI Number

33-0830775

Applied For

Not Applicable

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.

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 Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CONTINENTAL AMERICAN PROPERTIES, LTD.
1764 SAN DIEGO AVE.
SAN DIEGO CA 92110**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE REQUIRED

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

02/04/02 (619) 297-6771

Date

Daytime Phone #

CR2E083 (9/01)