## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M99000000070

1. Entity Name
CONAM DOC AFFILIATES LLC



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



Applied For

DO NOT WRITE IN THIS SPACE

01052005 No Chg-LLC . CR2E083 (10/03)

4. FEI Number

	33-0830775	 Not Applicable
5.	Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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) U00000191153 01/24/05-80159-024 50.00 Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME CONTINENTAL AMERICAN PROPERTIES, LTD. STREET ADDRESS 3990 RUFFIN ROAD, SUITE 100 CITY-ST-ZIP SAN DIEGO, CA 92123 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

By: DJE Financial Corp.

SIGNATURE: Scott Dupree, VP

STREET ADDRESS CITY-ST-ZIP

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

1-6-05

858/614/7200

Daytime Phone #