

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M99000000070**

1. Entity Name  
**CONAM DOC AFFILIATES LLC**



**Principal Place of Business**

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

**Mailing Address**

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



01052006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
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)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
CONTINENTAL AMERICAN PROPERTIES, LTD.  
3990 RUFFIN ROAD, SUITE 100  
SAN DIEGO, CA 92123**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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000000390737  
01/24/06-80012-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-5-06 857-64-7200