## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M99000000070

1. Entity Name

CONAM DOC AFFILIATES LLC



FILED Mar 12, 2007 08:00 A Secretary of State

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

| 10012003 | 120 1011

CR2E083 (11/05)

4. FEI Number 33-0830775

02272007 No Chg-LLC

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 Age		od Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	- 1000年1月1日 1000年1日 10
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		000000662825 03/21/07+80030+002 50:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filling 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 supplier had been specified as if made under onthis table. I am a managing member or manager of the		

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indicated on this report is true and accurate and that my signature enall 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 of 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

J 701

Daytime Phone #