2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # M9900002088 01-21-2004 90027 030 ****50.00 PARROT'S LANDING INVESTORS LLC Principal Place of Business Mailing Address % CONTINENTAL AMERICAN PROPERTIES, LTD. % CONTINENTAL AMERICAN PROPERTIES, LTD. 1764 SAN DIEGO AVENUE 1764 SAN DIEGO AVENUE SAN DIEGO, CA 92110 SAN DIEGO, CA 92110 2. Principal Place of Business 3. Mailing Address 3990 Ruffin Road 3990 Ruffin Road Suite, Apt. #, etc Suite, Apt. #, etc. 01092004 Chg-LLC CR2E083 (10/03) Suite 100 Attn: Legal Suite 100 Attn: Legal Applied For City & State City & State 4. FEI Number San Diego, CA San Diego, CA 33-0882956 Not Applicable Country Zip Zip \$5.00 Additional 5. Certificate of Status Desired 92123 92123 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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. 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, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM XX Change ☐ Addition TITLE Delete CONTINENTAL AMERICAN PROPERTIES, LTD. Continental American Properties, Ltd. NAME NAME 1764 SAN DIEGO AVE. STREET ADDRESS STREET ADDRESS 3990 Ruffin Road, Suite 100 San Diego, CA 92123 SAN DIEGO, CA 92110 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 accordate 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. E. Scott Dipree, Vice President of General Partner of Managing Member

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

FILED Jan 21, 2004 8:00 am

1/13/04

(858) 614-7200

Daytime Phone #