

|                                                                                                                                                        |                |                                                                                                                                                                                               |       |                                                                    |         |                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------|---------|-----------------------|--|
| No. <b>W 63647</b>                                                                                                                                     |                | <b>Due no later than Jun 30, 2011</b>                                                                                                                                                         |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |         |                       |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CONDO LA JOLLA, LLC<br>DOUGLAS F MILLER<br>4379 N LOCUST GROVE RD<br>MERIDIAN ID 83646-5513 |       | KENT W FREITAG<br>4379 N LOCUST GROVE RD<br>MERIDIAN ID 83646-5513 |         |                       |  |
|                                                                                                                                                        |                |                                                                                                                                                                                               |       | 3. <u>New</u> Registered Agent Signature:*                         |         |                       |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                |                                                                                                                                                                                               |       |                                                                    |         |                       |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                                                          | City  | State                                                              | Country | Postal Code           |  |
| MEMBER                                                                                                                                                 | KENT W FREITAG | 1002 E RIVERSONG DR                                                                                                                                                                           | EAGLE | ID                                                                 | USA     | 83616                 |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                                             |       |                                                                    |         |                       |  |
| <b>ID<br/>W 63647</b>                                                                                                                                  |                | Signature: Doug Miller                                                                                                                                                                        |       |                                                                    |         | Date: 04/19/2011      |  |
|                                                                                                                                                        |                | Name (type or print): Doug Miller                                                                                                                                                             |       |                                                                    |         | Title: Office Manager |  |
| Processed 04/19/2011                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                     |       |                                                                    |         |                       |  |