

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90193 041 ****55.00

DOCUMENT # L99000002643

1. Entity Name

CROSSWATER LA COSTA, LLC

Principal Place of Business

C/O SHULMAN ROGERS GANDAL PARDY & ECKER
 11921 ROCKVILLE PIKE, SUITE 300
 ROCKVILLE MD 20852

Mailing Address

SCIC PROPERTIES, LLC
 10 LIGHT ST., 6TH FLOOR
 BALTIMORE MD 21202

947860



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10 SOUTH CHARLES INVESTMENT CORP

3. Mailing Address

Suite, Apt. #, etc.

10 LIGHT STREET, 6TH FLOOR

Suite, Apt. #, etc.

BALTIMORE, MARYLAND

City & State

4. FEI Number

52-2168399

Applied For

Not Applicable

Zip
21202

Country

USA

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 SCIC PROPERTIES, LLC
 10 LIGHT ST., 6TH FLOOR
 BALTIMORE MD 21202** ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Delete

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10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: *Edith M. Longhore* **Senior Vice President** *5/29/02* *410-605-3358*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)