


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90079 050 \*\*\*\*50.00

**DOCUMENT # M01000002872**

1. Entity Name  
**BIT INVESTMENT TWENTY-FIVE, LLC**



Principal Place of Business  
**2 HOPKINS PLAZA, SUITE 804  
 BALTIMORE, MD 21201**

Mailing Address  
**2 HOPKINS PLAZA, SUITE 804  
 BALTIMORE, MD 21201**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01272004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>94-3413294</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HIQ CORPORATE SERVICES                  526 EAST PARK AVENUE                  TALLAHASSEE, FL 32301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ (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**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COLUMBIA MULTIFAMILY HOLDINGS, LLC 11 STATE ST. CHARLESTON, SC 294013008</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>see attached</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Deborah R. Chambliss* **DEBORAH R. CHAMBLISS** *1/29/04* *410-237-5424*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment  
# MOI 000002872  
24008151

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Member/General Manager  
Mercantile-Safe Deposit & Trust  
Company, as Trustee of the AFL-CIO  
Building Investment Trust, a group  
trust and not in its corporate capacity  
2 Hopkins Plaza, Suite 804  
Baltimore, MD 21201

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Change  Addition