


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

06-06-2007 90189 007 \*\*\*\*55.00

<b>DOCUMENT # M06000001246</b>	
1. Entity Name 1629 I, LLC	

Principal Place of Business 1629 K STREET NW, SUITE 501 WASHINGTON, DC 20006	Mailing Address 1629 K STREET NW, SUITE 501 WASHINGTON, DC 20006
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60051567

2. Principal Place of Business - No P.O. Box # 1629 K Street N.W. Suite 1200 Suite, Apt. #, etc.	3. Mailing Address 1629 K Street NW Suite 1200 Suite, Apt. #, etc.
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04032007 Chg-LLC CR2E083 (12/06)

City & State Washington DC	City & State WASHINGTON DC
Zip 20006	Zip 20006
Country	Country

4. FEI Number 20-3665163	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ELAM, PRYSE 219 SOUTHEAST 7TH AVENUE DELRAY BEACH, FL 33483	
7. Name and Address of New Registered Agent Name Washington Real Estate Partners Street Address (P.O. Box Number is Not Acceptable) 639 E. Ocean Ave. Suite 406 City Boynton Beach FL Zip Code 33435	

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, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMALIER, F. DAVIS 1629 K STREET NW, SUITE 501 WASHINGTON, DC 20006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMALIER, F. DAVIS 1629 K Street NW Suite 1200 Washington DC 20006 <input checked="" 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
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
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
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
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 exemptions contained in Chapter 119, 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:**

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

Date

Daytime Phone #

4-5-07