## **FILED** Apr 15, 2008 8:00 am Secretary of State

04-15-2008 90109 016 \*\*\*138.75

## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L99000007512 8400 BALTIMORE AVENUE LLC Principal Place of Business Mailing Address 50003311 10 S HOWARD ST 10 S HOWARD ST **STE 110** STE 110 BALTIMORE, MD 21201 US BALTIMORE, MD 21201 US 04012008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2496378 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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 relnstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGRM TITLE CELREALTY, INC. NAME STREET ADDRESS 7500 OLD GEORGETOWN ROAD CITY-ST-ZIP BETHESDA, MD 20814 MGRM TITLE 8400 ASSOCIATES, LLC NAME STREET ADDRESS 10 S HOWARD ST BALTIMORE, MD 21201 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-21P TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling 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 occurate 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 profits a required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP

410-539-1040