

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004236

**Entity Name:** 19650 NE 18TH AVE LLC

**Current Principal Place of Business:**

1625 EYE STREET NW  
WASHINGTON, DC 20006

**Current Mailing Address:**

1625 EYE STREET NW  
WASHINGTON, DC 20006 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           THE UNION LABOR LIFE INSURANCE  
                  COMPANY  
Address        1625 EYE STREET NW  
City-State-Zip: WASHINGTON DC 20006

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THE UNION LABOR LIFE INSURANCE COMPANY

MANAGING MEMBER

04/12/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date