

2001 UNIFORM BUSINESS REPORT (UBR)

0017818 AF

DOCUMENT # A00000001333

1. Entity Name

CPV ATLANTIC, LTD.

FILED

01 APR -6 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

10304 IRON GATE ROAD
POTOMAC MD 20854

Mailing Address

10304 IRON GATE ROAD
POTOMAC MD 20854

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8401 Colesville Rd.

3. Mailing Address

8401 Colesville Rd.

Suite, Apt. #, etc.

Suite 504

Suite, Apt. #, etc.

Suite 504

City & State

Silver Spring MD

City & State

Silver Spring MD

4. FEI Number

Applied For

Not Applicable

Zip

20910

Country

Zip

20910

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GRAGG, K. LAWRENCE~~

~~WHITE & CASE LLP~~

~~200 S. BISCAYNE BOULEVARD, SUITE 4900~~

~~MIAMI FL 33131~~

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

9. Capital Contributions as Shown on record. \$100.00

10. Amount of Capital Contributions in FLORIDA to date. \$761,282

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L00000010346
NAME CPV ATLANTIC LLC
STREET ADDRESS 10304 IRON GATE ROAD
CITY-ST-ZIP POTOMAC MD 20854

STREET ADDRESS 8401 Colesville Rd. Suite 504
CITY-ST-ZIP Silver Spring MD 20910

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 700003995387--5
-04/12/01--01121--015
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Signature Douglas F. Egan 3/30/01 (240) 723-2302

Date

Daytime Phone #

CR2E003 (11/00)