DOCUMENT # A0000001,689			FILED		
1. Entity Name	g ≥		00 444 5 4440 4 5		
CPV CANA, LTD.	•		02 MAY -6 AM 10: 42		
Principal Place of Business SILVER SPRING METRO PLAZA I 8401 COLESVILLE RD SUITE 504 SILVER SPRING MD 20910 Mailing Address SILVER SPRING METRO PLAZA I 8401 COLESVILLE RD SUITE SILVER SPRING MD 20910			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business	3. Mailing Address		T LEALER I INTERNITION OF THE OFFICE	130 (1010 DIIO: 19140 1911 196)	
8403 Colesville Road 8403 Colesvil Suite, Apt. #, etc. Suite, Apt. #, etc.		lle Road			
Suite 915 Suite 915			DUE BY MAY 1, 200	$2_{n_1,n_2,n_3}$, $2_{n_1,n_2,n_3}$	
City & State City & State			4. FEI Number	Applied For	
Silver Spring, MD	Silver Sprin		510404399 APPLIED FOR	Not Applicable	
Zip Country	Zip	Country		8.75 Additional ee Required	
20910 US 6. Name and Address of Cu	20910	US	7. Name and Address of New Registered Ag		
- Hallo di a Addi 330 31 341	Tone Hogadord Agent	Name	1. Name and Address of New Hogistered As	jein	
HOUK, JANE A		Stroot Adda	Street Address (P.O. Box Number is Not Acceptable)		
WHITE & CASE LLP		Street Addi	ess (F.O. Box Number is Not Acceptable)		
200 S BISCAYNE BLVD SUITE 4900					
MIAMÎ FL 33131		City	FL	Zip Code	
. The above named entity submits this statement	ent for the purpose of changing its re	egistered office or rec	gistered agent, or both, in the State of Florida.	•	
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable.		. DATE		
Capital Contributions as Shown on record. \$509,316.00 10. Amount of Capital (in FLORIDA to date)			11. MAKE CHECK PAYABLE 1 13,879,76 SEE REVERSE SIDE FOR		
A GENERAL PARTNE	R THAT IS A BUSINESS ENT	ITY MUST BE REC	SISTERED AND ACTIVE WITH THIS OFFICE. ment must be filed to change a general partn	or	
	TNER INFORMATION	13.	ADDRESS CHANGES ONLY		
OCUMENT / L00000013601 AME CPV CANA LLC		STREET ADDRESS	3403 Colesville Road, Su	ite 915	

8401 COLESVILLE RD SUITE 504 CITY-ST-ZIP SILVER SPRING MD 20910 CITY-ST-ZIP Silver Spring, MD 20910 **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CtTY-ST-ZIP PF \$526,25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # -05/29/02--01035--022 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Douglas F. Egan, President of CPV Cana, Inc., the sole member

5/1/2002 (240) 723-2300