

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

526.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR -8 PM 2:46

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership HAMILTON HOUSE ASSOCIATES LIMITED PARTNERSHIP	1a. DOCUMENT # A25456
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Mailing Address 8065 LEESBURG PIKE, SUITE 400 VIENNA VA 22182	Principal Office Address 8065 LEESBURG PIKE, SUITE 400 VIENNA VA 22182
2. Mailing Address 1225 Eye Street, NW Suite 200 Washington, DC 20005 USA	2a. Principal Office Address 1225 Eye Street, NW Suite 200 Washington, DC 20005 USA

3. Date Formed or Registered 11/09/1987	5a. Capital Contributions as Shown on record. \$6,716,748.00
3a. Date of Last Report 12/27/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	6. FEI Number 65-0014088
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent MAINGUY, DAVID 8500 W. SUNRISE BLVD. PLANTATION FL 33322	10. If changed, new Registered Agent/Office Name Corporation Service Company Street Address (P.O. Box Number Is Not Acceptable) 1201 Hays Street Suite, Apt. #, etc. City Tallahassee
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Gail Shelby **Gail Shelby, As Agent** 4/8/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) HAMILTON HOUSE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8065 LEESBURG PIKE, 6 1225 Eye Street, NW Suite 200	11b. City, State & Zip Code VIENNA VA 22182 Washington, DC 20005	11c. Registration/Document Number M56676
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dec

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Joel F. Border DATE 3/11/98

By: **Joel F. Border, Exec. VP** Daytime Telephone Number 202-216-2936

CR2E003 (6/97)



ACCOUNT NO. : 072100000032

REFERENCE : 773048 7143669

AUTHORIZATION : Patricia Pizito

COST LIMIT : \$ 526.25

ORDER DATE : April 7, 1998

ORDER TIME : 9:59 AM

ORDER NO. : 773048-010

CUSTOMER NO: 7143669

CUSTOMER: Delores Huston, Legal Asst
Nchp
1225 Eye Street, Nw
Suite 200
Washington, DC 20005

ANNUAL REPORT FILING

NAME: HAMILTON HOUSE ASSOCIATES
LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Nicole McClendon

EXAMINER'S INITIALS:

DIVISION OF CORPORATION
98 APR -8 AM 10:44