Telephone Number (703) 760-0070



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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			RT MENT_ OF STATE rine Harris		FILED		
P IRS		retary of State			00 MAR -6 PM 5: 00		
R NS II EI	AE' V	N OF C	CORPORATIONS		av 05	17172	
DOCUMENT # 1/17					SECRETART OF SALIMHASSEE. SALIMHASSEE. -03/08/	FLORID	A
DOCUMENT # H 50 1 8 1. Name of Limited Partnership					5000031 	1622	2553
Noighborhood Lakes Little Valle					="UO/ UO/ ***387	8.75	0307-012 . 3078-75
1304 Vincent Place							
McLean, VA 22101							
2. Principal Office Address 3. Mailing Office Address							
1304 Vincent Place		1304 Vincent Place			4. Date Formed or Registered To Do Business in Florida	6/12	11990
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number Applied For			
				52 - 1688922 Not Applicable			
City & State		City & State			GERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee required for a Certificate of Status)		
McLean, VA		McLean VA			7		and the party of the second of
Zip	Country	Zip	Country		7a. Capital Contributions as shown o	n Record:	3-6-00
22/0/	U.S.A.	22101	U.S.A		7b. Amount of Capital Contributions i		
	8. Name and Address of	Current Registered Agent			4,326,922,00		
Name CT Corporation System				FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.			
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road				Supplemental Fee(s): \$88.75 for eac with 1992 calendar year.	:h year due ti	nis office, beginning	
Suite, Apt. #, Etc.				Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u>			
City Plantat	7 0-7-	State Zip Code FL 33324			Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.		
9. 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 Statules.							
SIGNATURE (Registered Agent Accepting Appointment)							
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
10. Name(s) of G	ieneral Partner(s)		n General Partner Office Box Numbers)		City, State and Zip Code	10a.	Registration Document Number
			-				
Perchero.	n Taa	1201 K	neart			n na	114
perchero.	n, Mr.	1304 Vu	ren.	4	Islaan VA	129	(10
		Place		10	AcLean, VA 22101	i	en e
					2-7-1	h.	
•			***			12-13	
in the state of t							10000
							(L\$3010°
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
11. I do hereby certify that the information supposed with this filting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(34). Florida Statutes. I release the Division of							
Corporations from any liability or non-compliance with Section 119 07(3)(i) 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 record as required by chapter 620. Florida Statutes.							
SIGNATURE Kul Tolhea DATE 2/2/2000							

Mynord or Printed Name of General Pather Signing Form By: Kanel Tabbara