2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002531

Entity Name: COMMERCE CENTER HOLDINGS LLC

7501 WISCONSIN AVENUE - SUITE 1500

BETHESDA, MD 20814 US

Address:

City-St-Zip:

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7501 WISCONSIN AVENUE **SUITE 1500** BETHESDA, MD 20814 **New Mailing Address: Current Mailing Address:** 7501 WISCONSIN AVENUE **SUITE 1500** BETHESDA, MD 20814 US FEI Number: 52-6053341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HEASLEY, ROSS E Name: Name: Address: 7501 WISCONSIN AVENUE - SUITE 1500 Address: City-St-Zip: BETHESDA, MD 20814 US City-St-Zip: Title: Title: () Delete () Change () Addition SAUL, B. FRANCIS III Name: Name: Address: 7501 WISCONSIN AVENUE- SUITE 1500 Address: City-St-Zip: BETHESDA, MD 20814 US City-St-Zip: Title: () Delete Title: () Change () Addition SHOOP, KENNETH D Name: Name: 7501 WISCONSIN AVENUE -SUITE 1500 Address: Address: City-St-Zip: BETHESDA, MD 20814 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: SAUL II, B. FRANCIS Name: 7501 WISCONSIN AVENUE -SUITE 1500 Address: Address: City-St-Zip: BETHESDA, MD 20814 US City-St-Zip: Title: () Delete Title: () Change () Addition SUSTERSICH, MERLE F Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: ROSS E. HEASLEY MGR 04/17/2008