

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000Q0004009

1. Entity Name

CPV GULFCOAST LLC

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90209 042 ****50.00

Principal Place of Business

Mailing Address

8401 COLESVILLE RD., SUITE 504
SILVER SPRING MD 20910

8401 COLESVILLE RD., SUITE 504
SILVER SPRING MD 20910

2. Principal Place of Business

8403 Colesville Road

3. Mailing Address

8403 Colesville Road

Suite, Apt. #, etc.

Suite 915

Suite, Apt. #, etc.

Suite 915

City & State

Silver Spring, MD

City & State

Silver Spring, MD

Zip

20910

Country

US

Zip

20910

Country

US

6. Name and Address of Current Registered Agent

GRAGG, K. LAWRENCE
WHITE & CASE LLP
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	MGRM CPV GULFCOAST INC	<input type="checkbox"/> Delete
STREET ADDRESS	8401 COLESVILLE RD., SUITE 504	
CITY-ST-ZIP	SILVER SPRING MD 20910	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME	MGRM CPV Gulfcoast, Inc.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8403 Colesville Road, Suite 915	
CITY-ST-ZIP	Silver Spring, MD 20910	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

1. 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 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.

SIGNATURE:

(Signature)
Douglas F. Egan, President of CPV Gulfcoast, Inc., the managing member of CPV Gulfcoast, LLC

5/1/2002

Date

240-723-2300

Daytime Phone #

CR2E083 (9/01)