2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED Feb 03, 2005 08:00 AM Secretary of State **DOCUMENT # L02000002815** 1. Entity Name 8307 PONCE, LLC Principal Place of Business Mailing Address 6106 MACARTHUR BLVD. 6106 MACARTHUR BLVD. BETHESDA, MD 20816 BETHESDA, MD 20816 01262005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0383961 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 U00000213056 02/03/05-80052-022 55.00 9. MANAGING MEMBERS/MANAGERS MGR TITLE PHILLIPS, LELAND H NAME STREET ADDRESS 6106 MACARTHUR BLVD. CITY-ST-ZIP BETHESDA, MD 20816 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not quality 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.

MBER, OR AUTHORIZED REPRESENTATIVE