

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

03 NOV 24 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000002815

1. Entity Name

8307 Ponce, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6106 MacArthur Blvd.

Suite, Apt. #, etc.

3. Mailing Address

6106 MacArthur Blvd.

Suite, Apt. #, etc.

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

City & State

Bethesda, Maryland

City & State

Bethesda, Maryland

4. FEI Number

03-0383961

Applied For

Not Applicable

Zip

20816

Country

USA

Zip

20816

Country

USA

5. Certificate of Status Desired

XX

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

900024978829

24/03--01079--001 **55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Manager	Leland H. Phillips	6106 MacArthur Blvd.	Bethesda, MD 20816

**DO NOT WRITE
IN THIS SPACE**

11. 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.

Leland H. Phillips, Manager

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/27/03

30-320-0488

Date

Daytime Phone #

CR2E083B (12/02)

2082



Frank S. Phillips, Inc.

Leland H. Phillips
Chairman of the Board

October 27, 2003

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: Document #L02000002815
8307 Ponce, LLC

Dear Sir or Madam:

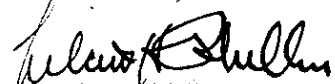
Please find enclosed the completed Limited Liability Company Uniform Business Report for 8307 Ponce, LLC. The report is late because I did not receive any of the filing notices from your office.

Also enclosed is a check in the amount of \$55.00 to cover the cost of the filing fee and a Certificate of Status for the entity.

If you have any questions, please give my assistant, Sandy Mathis, a call at 301-320-0489.

Sincerely,

8307 PONCE, LLC


Leland H. Phillips, Manager

Enclosures
UBR Form
Check