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DOCUMENT # 1.02000002815

1. Entity Name

8307 Ponce, LLC



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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2. Principal Place of Business		3. Mailing Address			)			
6106 MacArthur Blvd.			rthur Blvd.	Control of the state of the sta				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Çily & State Bethesda, Marŷlând		Bethesda, Maryland		4. FEI Number Applied For 03-0383961 Not Applied For	le			
Zip 20816		Country USA	Zip 20816	Country <b>USA</b>	5. Certificate of Status Desired \$5.00 Additional Fee Required			
					7. Name and Address of Current Registered Agent	$\exists$		
DO NOT WRITE IN THIS SPACE			MOTE	Name CT	CT Corporation System  Street Address (P.O. Box Number is Not Acceptable)  1200 South Pine Island Road			
			WKIIE	Street Addres				
			SPACE	120				
•	**	w 111149 4			·	-		
				City	FL Zip Code	$\neg$		
8. The above i	named entity	submits this stateme	ent for the purpose of chance	ing its registered office or regis	antation 33324 istered agent, or both, in the State of Florida. I am familiar with, and accept	-1		
the obligation	ons of regist	ered agent.		nig na ragiata da amad ar ragio	accept ago in a seri in the ciate of horizon familiar with and accept			
OIOMATURE						Į		
SIGNATURE _	Signature, typed	or printed name of registered	agent and title if applicable.		DATE			
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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.

Leiand H. Phillips, Manager

10/27/03

30-320-0488

SIGNATURE:

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

Date

Daytime Phone #



## 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** 

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