

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023745

Entity Name: RTD PHASE I GP, LLC

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

8403 COLESVILLE ROAD STE. 400  
SILVER SPRING, MD 20910

## New Principal Place of Business:

7735 OLD GEORGETOWN RD  
600  
BETHESDA, MD 20814

## Current Mailing Address:

8403 COLESVILLE ROAD STE. 400  
SILVER SPRING, MD 20910

## New Mailing Address:

7735 OLD GEORGETOWN RD  
600  
BETHESDA, MD 2014

FEI Number: 47-0889182      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331      US

## Name and Address of New Registered Agent:

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:

Title: MGRM      ( ) Delete  
Name: MID-CITY URBAN, LLC  
Address: 8403 COLESVILLE ROAD, SUITE 400  
City-St-Zip: SILVER SPRINGS, MD 20910

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: MID-CITY URBAN, LLC  
Address: 7735 OLD GEORGETOWN RD STE 600  
City-St-Zip: BETHESDA, MD 20814

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.

SIGNATURE: WILLIAM HARVEY

MGRM

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date