2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000036645

1. Entity Name
6090 TERRY ROAD LLC

Principal Place of Business	Mailing Address
2700 SOUTH NELSON STREET ARLINGTON, VA 22206	ATTN: SCOTT HERRICK 2700 SOUTH NELSON STREET ARLINGTON, VA 22206

DO NOT WRITE IN THIS SPACE

01132005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
30-0205732	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE SERVICE BUREAU INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301

DO NOT WRITE 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

|||00000218984
02/08/05-80007-001 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HERRICK, SCOTT M
STREET ADDRESS	2700 SOUTH NELSON STREET
CITY-ST-ZIP	ARLINGTON, VA 22206

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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.

SIGNATURE: _____   703 -998- 8001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #