2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED

Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90141 010 ****50.00

703-674-1699

Daytime Phone #

DOCUMENT # L04000021532

1. Entity Name 2929 GMD, L.L.C.

SIGNATURE: Y

Mailing Address

Principal Plac	e of Business	:	Mailing Address			ì				
12101 FLOWERING WATER TRAIL Clarksville, MD 21029 US			12101 FLOWERING WATER TRAIL Clarksville, MD 21029 US							
							1 8 8 1111 2 13 11 6 8 111 8 8 111 1	FEIN ETHE HEEL I		
		ess - No P.O. Box # g Water Trail	3. Mailing Address 12101 Flowing Water Trail							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01192007	Chg-LLC	CR2E	083 (12/06)	
City & State Clarksville, MARYLAND		Clarksville, MARYI		LAND	4. FEI Numb 20-090				oplied For ot Applicable	
^Z 01029	•	Country USA	Zip 21029	Countr	y USA	5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Current R	egistered Agent		News	7. Name and	Address of New	Registered	Agent	
CORPORA 1201 HAY: TALLAHAS	S STREET		Name Street Addres		(P.O. Box Numb	er is Not Acceptat	ole)			
					City			FL	Zip Cod	e
R The shows	named entity	submits this statement for	the oursees of changing its	rogiotoro	d office or registr	orod paget, or be	th is the State of I		40 million with	
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 o	or printed name of registered agent an	d tille il applicable (NOTE	: Registered	Agent signature require	red when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007								ake check p da Departn	payable to sent of Stat	9
					S /MANAGERS 40					
0		MANAGING MEMBER	SIMANAGERS	10			ADDITION	S /CHANCES		
9. 1111 F	ММ	MANAGING MEMBER		10.		1	ADDITION	S/CHANGES		□ Addition
9. TITLE NAME	MM ZACHARIA		S/MANAGERS Delete	10. TITLE NAME			ADDITION	S/CHANGES	Change	☐ Addition
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TITLE NAME	ZACHARIA 21418 PLY	ASSE, JAN A		TITLE NAME	T ADDRESS	1	ADDITION	S/CHANGES		Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	ZACHARIA 21418 PLY ASHBURN M	ASSE, JAN A YMOUTH PL J, VA 20147		TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	1	ADDITION	S/CHANGES		Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jan A. Zachariasse

1/19/07

Date