



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90055 044 ****50.00

DOCUMENT # L04000082380 1. Entity Name MCGOVERN PLAN REAL ESTATE HOLDINGS, LLC					
Principal Place of Business 9401 LAGOVISTA COURT GREAT FALLS, VA 22066			Mailing Address 9401 LAGOVISTA COURT GREAT FALLS, VA 22066		
2. Principal Place of Business <i>7901 JONES BRANCH DR</i> Suite, Apt. #, etc. <i>Suite 210</i> City & State <i>McLEAN VA</i> Zip <i>22102</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country <i>USA</i>			
01042005 Chg-LLC CR2E083 (10/03)				4. FEI Number <i>20-1888399</i>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ANDERSON, PATRICK 930 S. HARBOR CITY BOULEVARD STE. 505 MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANK J. MCGOVERN PROFIT SHARING PLAN 9401 LAGOVISTA COURT GREAT FALLS, VA 22066 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Frank J. McGovern</i> FRANK J. MCGOVERN TRUSTEE <i>1-4-05 703-287-9714</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					