

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/21

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-02-2007 90032 042 ****50.00

DOCUMENT # L06000101563					
1. Entity Name BROAD AVENUE LLC					
Principal Place of Business 6500 ROCK SPRING DRIVE, SUITE 600 Five BETHESDA, MD 20817			Mailing Address 6500 ROCK SPRING DRIVE, SUITE 600 BETHESDA, MD 20817		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. <u>Suite Five</u>			Suite, Apt. #, etc. <u>Suite Five</u>		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01042007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <u>217468744</u>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAMALIER, CHARLES A III 1150 18TH STREET, N.W., SUITE 400 WASHINGTON, DC 20006	<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
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 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE _____			1/9/07 301-564-1500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



ATTACHMENT
30001230

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2007

BROAD AVENUE LLC
6500 ROCK SPRING DRIVE, SUITE FIVE
BETHESDA, MD 20817

Subject: **BROAD AVENUE LLC**

Reference Number: **L06000101563**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION

FEB 20 2007

★ This is a single member LLC - so it is acceptable to use SSN which has been put in Block 4