

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087630

Entity Name: ADW PROPERTY, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

7101 WISCONSIN AVENUE, SUITE 1400
ATTN: LEGAL DEPT.
BETHESDA, MD 20854

New Principal Place of Business:

Current Mailing Address:

7101 WISCONSIN AVENUE, SUITE 1400
ATTN: LEGAL DEPT.
BETHESDA, MD 20854

New Mailing Address:

FEI Number: 26-0792880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
C/O ADMINISTRATIVE SERVICES, INC.
50 NORTH LAURA STREET, SUITE 2200
BETHESDA, FL 20814 US

Name and Address of New Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
50 NORTH LAURA STREET.
SUITE 2200
JACKSONVILLE, FL 32202 US

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:

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR. () Delete
Name: ABRAMOWITZ, ELIZABETH A PRES
Address: 7101 WISCONSIN AVENUE, SUITE 1400
City-St-Zip: BETHESDA, MD 20814

Title: MR. () Delete
Name: ABRAMOWITZ, MICHAEL E TREASUR
Address: 7101 WISCONSIN AVENUE, SUITE 1400
City-St-Zip: BETHESDA, MD 20814

Title: MRS () Delete
Name: DORTCH, HELEN B SECRETA
Address: 7101 WISCONSIN AVENUE, SUITE 1400
City-St-Zip: BETHESDA, MD 20814

Title: MR () Delete
Name: WALLACE, RICKY
Address: 3890 DUNN AVENUE, WEST
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MR. (X) Change () Addition
Name: ABRAMOWITZ, MICHAEL E TREAS
Address: 7101 WISCONSIN AVENUE, SUITE 1400
City-St-Zip: BETHESDA, MD 20814

Title: MRS (X) Change () Addition
Name: DORTCH, HELEN B SEC
Address: 7101 WISCONSIN AVENUE, SUITE 1400
City-St-Zip: BETHESDA, MD 20814

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL E ABRAMOWITZ

TREA

03/20/2009

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