File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAY -4 PM 3: 45 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address
of Limited Liability Company **DOCUMENT #** L96000001035 1a. Principal Place of Business Address GAS LIGHT JOINT VENTURE, L.C. 9410 ANNAPOLIS ROAD 9410 ANNAPOLIS ROAD SUITE 200 SUITE 200 LANHAM MD 20701 LANHAM MD 20701 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 09/30/1996 4. FEI Number FI. Applied For Not Applicable 52-2026495 Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Beguired 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent CRAFT, TOM 11000 PROSPERITY FARMS ROAD SUITE 301 PALM BEACH GARDENS FL 33410 City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE_ DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BLONDER, HARVEY 9410 Annapolis road, suite 2834 Solomoro Island Rd MGRM GILLILLAND, MIRIAM 9410 ANNAPOLIS ROAD 5010mons 002521692---05/13/98--01050--010 ****188.75 ****188.75 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information Indicated on this annual 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 empowerad to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address SIGNATURE:

OF PAINTED NAME OF SIGNING MANAGING MEMPER OR MANAGER

SIGNATURE

410-891-0190

Daytimo Phone #