File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAY -4 AM 10: 25 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** 19800000000 1a. Principal Place of Business Address LINCOLN POINTE HOLDING COMPANY, L. L. C. c/o ASB Capital Management, Inc. 1101 Pennsylvania Avenue, NW Suite 300 Washington, DC 20004 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation Jan 22, 1998 FLORIDA Sulte, Apt. #, etc. Suite, Apl. #, etc. 4. FEI Number Applied For City & State City & State 52-2093571 Not Applicable 5. Date of Last Report Certificate of Status Desired Zip Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CT Corporation System 1200 South Pine Island Road Street Address (P.O. Box Number is Not Acceptable) Plantation, Florida 33324 Suite, Apt. #, etc. 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 (Registered Agent Accepting Appointment)—(NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR Paul R. Lowman ASB Capital Mgmt, Inc. 1101 Pennsylvania Ave, NW/#300 Washington, DC MGR J. Michael Dopp same -05/07/98--01014--009

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 empowered 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.

MGR

Diane Dickson-

Diane L. Dickson

SIGNATURE AND TYPE DOTEPHANTE

same

APR - 5 1998,

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