2000 UNIFORM BUSINESS REPORT (UBR) APPROVED L98000000462 DOCUMENT# 1. Entity Name 00 APR -6 AMII: 11 MODEL LEASING ASSOCIATES LIMITED LIABILITY COMPA SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5454 WISCONSIN AVENUE, SUITE 1015 5454 WISCONSIN AVENUE, SUITE 1015 CHEVY CHASE MD 20815-6921 CHEVY CHASE MD 20815 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0813239 Not Applicable Zip Country Country 7in \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONROY, J. THOMAS III Street Address (P.O. Box Number is Not Acceptable) 3838 TAMIAMI TRAIL NORTH, SUITE 402 NAPLES FL 34103 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. 9. Addition MGR Delete TITLE Change TITLE GOLDBERG, GERALD I NAME 5454 WISCONSIN AVENUE, SUITE 1015 STREET ADDRESS STREET ADDRESS CHEVY CHASE MD 20815 CITY- ST- ZIP CITY-ST-ZIP ☐ Deleta TITLE Change Addition TITLE NAME MAME 000003219840--0 -04/24/00--01034--007 STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- 7(P \*\*\*\*\*50.00 \*\*\*\*50.00 Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY- ST- 7IP Change \_\_\_ Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZEP ☐ Addition Change TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST-ZIP ☐ Addition TIŤLE Delete TITLE ☐ Change NAME MAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY- ST- ZIP

ELOUD-I. GOLDSELG 3/30/00 301-657-837/
ANAGING MEMBER OR MANAGER

Daytime Phone #