

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 APR 29 PM 5:00
SECRETARY OF STATE

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L9800000672
LAKE WASHINGTON SQUARE GENERAL PARTNER, L
C.
C/O WILTON L. WHITE, ESQ.
625 NORTH FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH FL 33401

1a. Principal Place of Business Address
C/O WILTON L. WHITE, ESQ.
625 NORTH FLAGLER DRIVE, 9TH
WEST PALM BEACH FL 33401

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 05/26/1998	3a. State of Formation FL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 54-1898878	<input type="checkbox"/> Applied For
City & State		City & State			<input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
WHITE, WILTON L ESQ.
625 NORTH FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH FL 33401

8. Name and Address of New Registered Agent/Office

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, etc. _____

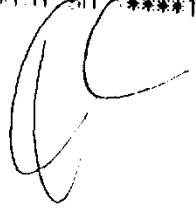
City _____ Zip Code **FL**

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 changing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ARCGP LIMITED PARTNER	8227 OLD COURTHOUSE ROAD,	VIENNA VA 22182

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-05/07/99--01020--008
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11. I do 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 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.

SIGNATURE: ✓ *Stanley M. Barry* Stanley M. Barry S.V.P. 4-28-99 703-760-9500
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER (L) (S) District Phone #