2001 UNIFORM BUSINESS REPORT (UBR)

000004 AF

DOCUMENT # M00000000380

1. Entity Name
CCMH TAMPA WATERSIDE LLC

FILED
01 MAR 20 PM 10:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
6600 ROCKLEDGE DR., STE. 600 BETHESDA MD 20817-1109	6600 ROCKLEDGE DR., STE. 600 BETHESDA MD 20817-1109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10400 FERNWOOD ROAD	10400 FERNWOOD ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Dept. 72/923-[illegible] 700
City & State: BETHESDA, MD	City & State: BETHESDA, MD
Zip: 20817-1109 Country: USA	Zip: 20817-1109 Country: USA

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR/PRESIDENT PARSONS, ROBERT E. JR. 10400 FERNWOOD ROAD BETHESDA, MD 20817-1109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR./VICE PRESIDENT/TREASURER WALTER, W. EDWARD 10400 FERNWOOD ROAD BETHESDA, MD 20817-1109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600003310436--3 -03/26/01--01143--004 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR./VICE PRESIDENT/SECRETARY OLINGER, DONALD D. 10400 FERNWOOD ROAD BETHESDA, MD 20817-1109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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.

SIGNATURE: SIGNATURE REQUIRED W. EDWARD WALTER, MGR. 03/02/01 301-380-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #