2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAY -2 AM 10:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M00000000401

1. Entity Name
Smith Property Holdings South Beach Towers L.L.C.

Principal Place of Business	Mailing Address
2345 Crystal Drive Tenth Floor Arlington, VA 22202	2345 Crystal Drive Tenth Floor Arlington, VA 22202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2345 Crystal Drive	2345 Crystal Drive
Suite, Apt. #, etc. Tenth Floor	Suite, Apt. #, etc. Tenth Floor
City & State Arlington, VA	City & State Arlington, VA
Zip: 22202 Country: USA	Zip: 22202 Country: USA

4. FEI Number
54-1681657
☐ 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
Corporation Service Company 1201 South 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 registered agent, or both, in the State of Florida.

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	Charles E. Smith Residential Realty LP, Member 2345 Crystal Drive, Tenth Floor Arlington, VA 22202 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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

CR2E083 (11/99)

13. 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 605, Florida Statutes.

SIGNATURE: _____ Robert Zimet, VP of Member 05/01/00 703 920-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #