200	e iinii	, FORM RII	SINESS REI	OORT	/IIRD\		AP	PROYES	
DOCU	MENT		00000401		F 	AND ILED:			
1. Entity Nam SMITH PI		HOLDINGS SO	UTH BEACH TOW	ERS L.L.C	01 MAY -1 AM 9: 03				3
					. *		SECRETAL TAUL AHAS	RY OF STATE SEE, FLORE	E TA
Principal Place of Business Mailing Address					,		t		' '
2345 CRYSTAL DR. TENTH FLOOR ARLINGTON VA 22202				2345 CRYSTAL DR., TENTH FLOOR ARLINGTON VA 22202			1 - 4 8 1 8 4 11 11 4 8 11 11 8 15 11 4 8 11 11 8 15 11 1	24 141 34 111 86 114 818 11 8	18:E1 1181 1881
2. Principal P			3. Mailing Address	<u> </u>			:	Maile Maile Maile Meale M	8187 91 1881
			Suite, Apt. #, etc.	2345 Crystal Drive Suite Act. # etc.			DO NOT WRITE IN THIS SPACE		
Tenth F				Tenth Floor					
City & State Arlington, VA				City & State Arlington, VA		4. FEI N	54-1681657	No	plied For t Applicable
Zip 22202		Country USA	Zip 22202	USA	ntry		ficate of Status Desired	\$5.00 Add Fee Required	
	b. Name	and Address of Curre	nt Hegisterea Agent		Name	/. Name	e and Address of New Register	red Agent	
		ICE COMPANY		Street Address		ss (P.O. Box N	(P.O. Box Number is Not Acceptable)		
1201 HAYS STREET TALLAHASSEE FL 32301									
IALLATIA	301		City			· · · · · · · · · · · · · · · · · · ·	FL Zip Code	i	
8. The above		v submits this statement			ed office or regi		or both, in the State of Florida.	ATE	
			li de la companya de		FEE IS \$50.0 o Departmen				
9.		MANAGING MEN	BERS/MEMBERS	10.			ADDITIONS/CHAN	GES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2010 011101712 0111, 7217111 120011			•	I .			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Delete		I .			☐ Change	☐ Addition
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CITY-ST-ZIP TITLE NAME			Delete	CITY TITLI NAM	I			Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS			. Delete	TITLI NAM				Chinge	☐ Addition

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Robert Zimet, VP of Member 04/30/01 703 920-8500

Date

Daytime Phone #

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP





ACCOUNT	NO.	•	072100000032

133854

REFERENCE :

___131022B

AUTHORIZATION <

COST LIMIT : \$ 50.00

ORDER DATE: April 30, 2001

ORDER TIME : 2:10 PM

ORDER NO. : 133854-050

CUSTOMER NO: 131022B

CUSTOMER: Roxanne Brotherton, Legal Asst

Charles E. Smith Companies

2345 Crystal Drive

10th Floor

Arlington, VA 22202

ANNUAL REPORT FILING

NAME:

SMITH PROPERTY HOLDINGS SOUTH

BEACH TOWERS L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS:

DEPARTMENT OF STATE DIVISION OF CORPORATIONS

2001 NAY - I PM 3: 24

NOT INTERDED

TO ACKNOWLEDGE