			RT (	UBR	)				0026024
DOCUMENT # MOOOOOOO582						FILED			
Principal Place of Business 111 MARKET PLACE, SUITE 200 BALTIMORE MD 21202		Mailing Address 111 MARKET PLACE. SUITE 200 BALTIMORE MD 21202				OI FEB -5 AM 9: 57 SECRETARY OF STATE TALEAHASSEE, FLORIDA			
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI N	4: FEI Number 52-2219074 Applied For Not Applicable			
Zip	Country	Zip	Country		5. Certif	icate of Status Desired	\$5.00 Ad	ditional	1
	6. Name and Address of Current R	egistered Agent		Name	7. Name	and Address of New Registere	d Agent		
C T COR 1200 SOL			Street Address (P.O. Box Number is Not Acceptable)			<u>-</u> _			
PLANTAT	ION FL 33324		-	City	ity <b>EI</b> Zip Code				
8. The above	a named entity submits this statement for	the purpose of changing its			gistered agent, c		Zip Cod		
SIGNATURE			. D			a) DATE			ľ
	Signature, typed or printed name of registered agent an				required when reinstatin	g)	·		
		Make Check Pa				00000367		)9 -013 *50 00	
9	MANAGING MEMBERS/MEMBERS							X Addition	8
NAME STREET ADDRESS CITY-ST-ZIP			NAME	ADDRESS 1	SHIVERY, 111 MARKE	CHARLES W. T PLACE, SUITE 200 . MD 21202	)	_	CR2E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· .	Delete	TITLE NAME STREET / CITY-ST	P PI	ERRY, DOU	,	Change	Addition	CH2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE	ADDRESS 1	P WOLFINGER 111 Marke	, RICHARD L. t Place, Suite 200	Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	title Name	ADDRESS 1	S/AT SKOWRONSK 111 Marke	t Place, Suite 200	Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE NAME STREET A CITY-ST	ADDRESS 1	C/AS GARMAN, CI 11 Marke	, MD 21202 HARLES E. JR. t Place, Ste. 200	Change	Addition	
TITLE NAME Street address City-St-Zip		Delete	TITLE NAME STREET A CITY-ST	ADDRESS	<del>3altimore</del>	, MD 21202	C Change	Addition	
indicated	certify that the information supplied with t on this report is true and accurate and th bility company or the receiver or trustee	hat my signature shall have t empowered to execute this r	the same le report as re	gal effect a quired by C	as if made under Chapter 608, Flor	oath; that I am a managing mem ida Statutes.	ber or manage	er of the	
SIGNAT		SIGNING MANAGING MEMBER, MAN	an (R.)	Skowr o	onski, Seo presentative	cretary/Assistant	Treasure //c-23o- Daytime Phone #	er 4681	