

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001155

1. Entity Name

ROUSE-TAMPA ACQUISITION, LLC

Principal Place of Business

% OFFICE OF THE GENERAL COUNSEL
10275 LITTLE PATUXENT PARKWAY
COLUMBIA MD 21044

Mailing Address

% OFFICE OF THE GENERAL COUNSEL
10275 LITTLE PATUXENT PARKWAY
COLUMBIA MD 21044

FILED

01 JUN 28 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

522248849

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

600004476726--1
-07/16/01--01023--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	President	<input type="checkbox"/> Delete
NAME	Anthony W. Deering	
STREET ADDRESS	10275 Little Patuxent Pkwy	
CITY-ST-ZIP	Columbia, MD 21044	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Elizabeth A. Hullinger	
STREET ADDRESS	10275 Little Patuxent Pkwy	
CITY-ST-ZIP	Columbia, MD 21044	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Gordon H. Glenn	
STREET ADDRESS	10275 Little Patuxent Pkwy	
CITY-ST-ZIP	Columbia, MD 21044	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Patricia H. Dayton	
STREET ADDRESS	10275 Little Patuxent Pkwy	
CITY-ST-ZIP	Columbia, MD 21044	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Elizabeth A. Hullinger

4/16/01

410-992-6000

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

Date

Daytime Phone #

CR2E083 (11/00)

0027200 AF