

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001210

1. Entity Name

MARRIOTT CONTINUING CARE LLC.

FILED

01 MAY -7 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10400 FERNWOOD ROAD
BETHESDA, MD. 20817

Mailing Address

10400 FERNWOOD ROAD
DEPT. 924.13
BETHESDA, MD. 20817

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

52-2069459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATIONSYSTEM, INC!
1201 HAYS STREET
TALLAHASSEE, FL. 32301

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

900004375129--7

-06/07/01--01020--028

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JEFFREY WILLIAM FERGUSON
10400 FERNWOOD ROAD
BETHESDA, MD. 20817 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V. PRESIDENT
M. LESTER PULSE JR.
10400 FERNWOOD ROAD
BETHESDA, MD. 20817 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
MICHAEL J. STAIN
10400 FERNWOOD ROAD
BETHESDA, MD. 20817 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
ANDREW P. MASETTI
10400 FERNWOOD ROAD
BETHESDA, MD. 20817 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
ANDREW P. MASETTI
10400 FERNWOOD ROAD
BETHESDA, MD. 20817 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
MICHAEL J. STEIN
10400 FERNWOOD ROAD
BETHESDA, MD. 20817 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Nancy L. Bruz

5/2/01

(301) 380-8742

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

Date

Daytime Phone #