

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000514

FILED
Jan 05, 2012
Secretary of State

Entity Name: COLUMBIA NATIONAL REAL ESTATE FINANCE, LLC

Current Principal Place of Business:

10270 OLD COLUMBIA ROAD, SUITE 600
COLUMBIA, MD 21046

New Principal Place of Business:

Current Mailing Address:

10270 OLD COLUMBIA ROAD, SUITE 600
COLUMBIA, MD 21046

New Mailing Address:

FEI Number: 52-2288064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: CORDES, MICHAEL S
Address: 100 EAST PRATT ST SUITE 2540
City-St-Zip: BALTIMORE, MD 21202

Title: MGR
Name: KOCH, JR., R. LAWRENCE MR
Address: 100 E. PRATT STREET, SUITE 2540
City-St-Zip: BALTIMORE, MD 21202

Title: MGR
Name: WEEKS, LOUIS MR
Address: 100 E. PRATT STREET, SUITE 2540
City-St-Zip: BALTIMORE, MD 21202

Title: MGR
Name: DELL, TIM MR
Address: 100 E. PRATT STREET, SUITE 2540
City-St-Zip: BALTIMORE, MD 21202

Title: MGR
Name: PARK, SCOTT H
Address: 1667 K STREET, N.W., SUITE 500
City-St-Zip: WASHINGTON, DC 20006

Title: MGR
Name: EDWARDS, JOSEPH R III
Address: 1667 K STREET, N.W., SUITE 500
City-St-Zip: WASHINGTON, DC 20006

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: R. LAWRENCE KOCH, JR.

MGR

01/05/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date