

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90469 001 \*\*\*100.00

DOCUMENT # M0108820 2283

1. Entity Name

CAPREIT of Pine Creek II, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11200 Rockville Pike

Suite, Apt. #, etc.

Suite 100

City & State

Rockville, MD

Zip

20852

Country

3. Mailing Address

11200 Rockville Pike

Suite, Apt. #, etc.

Suite 100

City & State

Rockville, MD

Zip

20852

Country

4. FEI Number

52-2359020

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00

Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2525

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Richard J. Kadish  
PRES MGR  
11200 Rockville Pike, #100  
Rockville MD 20852

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SUN MGR  
Bruce A. Esposito  
11200 Rockville Pike #100  
Rockville, MD 20852

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

Eugene H. Goodsell

Eugene H. Goodsell

4/19/02

301-237-8700

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

Date

Daytime Phone #

CR2E083B (12/01)