

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

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-12-2002 90586 019 ****50.00

DOCUMENT # M01000002725
1. Entity Name
HMT LESSEE LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
52-2285824

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

Applied For
Not Applicable

94299

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name: **THE PRENTICE-HALL CORPORATION SYSTEM, INC**
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET, SUITE 105
City: **TALLAHASSEE** FL Zip Code **32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE: **President**
NAME: **Robert E. Parsons, Jr.**
STREET ADDRESS: **10400 Fernwood Road**
CITY - ST - ZIP: **Bethesda, Maryland 20817-1109**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: **Vice President**
NAME: **W. Edward Walter**
STREET ADDRESS: **10400 Fernwood Road**
CITY - ST - ZIP: **Bethesda, Maryland 20817-1109**

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/02
Date

(301) 380-9000
Daytime Phone #

CR2E083B (12/01)