2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 04, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # M0200000	7139				08-04-20	04 90062	2 019 ***	**50.00	
Principal Plac 1001 NORTH ARLINGTON,	I 19TH ST., STE. 2000	Mailing Address 1001 NORTH 19TH ST., ARLINGTON, VA 22209	STE. 2000		6 P ERIAD I) 191 F			1184 24 884 1412 8 48	17 0 01 III 7801	
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07082004	Chg-LLC	CR2E0	83 (10/03)		
City & Stat	de .	City & State			4. FEI Number 41-2038			<u> </u>	pplied For ot Applicable	
Zip	Country	Zip	Country	-	5. Certificate of	of Status Desired		\$5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered /	Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Name Street Ad	ddress (P.	(P.O. Box Number is Not Acceptable)					
1	SSEE, FL 32301-2525									
			City		<u> </u>		FL	Zip Cod	le	
	named entity submits this statement folions of registered agent.	r the purpose of changing its r	egistered office or	registered	agent, or both	n, in the State of Fk	orida. I am	familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and like if applicable. (NOTE: Registered Agent signature required when reinstating). DATE										
Filing Fee is \$50.00 Due by September 8, 2004					i i					
							te check p a Departm	ayable to ent of Stat	ė	
		RS/MANAGERS	10.				a Departm	ent of Stat	ė	
Due t	by September 8, 2004	☐ Defete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP			Florid	a Departm	ent of Stat	Addition	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE PD HALL, EDAWRD C III 1001 N 19TH STREET, STE 200 ARLINGTON, VA 22204 D RUGGIRELLO, JOHN R 1001 N 19TH STREET, STE 200	☐ Defete O Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1001	iael Ko J. 19th S	ADDITIONS, amaniw Street, 5	Departm	Change		
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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: Mary Gruyen Tham Nguyen	7/28/01	+ 703.522.1315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTA	TIVE Date	Daytime Phone #