

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90061 001 ***150.00

DOCUMENT # M02000000801

1. Entity Name

OLEANDER OPERATING SERVICES, LLC



Principal Place of Business

**111 MARKET PLACE, SUITE 500
ATTN: LEGAL DEPARTMENT
BALTIMORE MD 21202**

Mailing Address

**111 MARKET PLACE, SUITE 500
ATTN: LEGAL DEPARTMENT
BALTIMORE MD 21202**

2. Principal Place of Business

750 E. Pratt Street

Suite, Apt. #, etc.

3. Mailing Address

750 E. Pratt Street

Suite, Apt. #, etc.

City & State
Baltimore, MD

City & State
Baltimore, MD

Zip
21202

Country
USA

Zip
21202

Country
USA

4. FEI Number **04-3597701**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **CP OPERATING SERVICES, LLC**
STREET ADDRESS **111 MARKET PLACE, SUITE 500**
CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **750 E. Pratt St.**
CITY-ST-ZIP **Baltimore, MD 21202**

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

BY: **CP OPERATING SERVICES, LLC** Managing Member

SIGNATURE: **Dan R. Skowronski** Secretary

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

3/6/03 410-468-2553

Date Daytime Phone #

CR2E083 (10/02)