

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90006 007 \*\*\*\*50.00

**DOCUMENT # M02000001269**

1. Entity Name

**MAI/FCI JOINT VENTURE, LLC**



Principal Place of Business

**9320 W & W INDUSTRIAL ROAD  
LA PLATA MD 20646**

Mailing Address

**9320 W & W INDUSTRIAL ROAD  
LA PLATA MD 20646**

2. Principal Place of Business

**102 CENTENNIAL STREET**

3. Mailing Address

**P.O. BOX 2886**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LA PLATA, MARYLAND**

City & State

**LA PLATA, MARYLAND**

4. FEI Number

**48-1255218**

Applied For

Not Applicable

Zip

**20646**

Country

Zip

**20646**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Delete  
NAME **CHARLES M. PHERSON**  
STREET ADDRESS **102 CENTENNIAL STREET**  
CITY-ST-ZIP **LA PLATA, MD 20646**

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

TITLE **MANAGER** ☐ Delete  
NAME **THERESA WILLIAMS**  
STREET ADDRESS **2105 3RD AVENUE NORTH**  
CITY-ST-ZIP **BESSEMER, AL 35020**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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.

**SIGNATURE:**

**SIGNATURE REQUIRED**

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

**2/7/2003**

Date

**240.776.7000**

Daytime Phone #

CR2E083 (10/02)