2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 29, 2004 8:00 am
Secretary of State
09-29-2004 90022 001 ****50.00
09-29-2004 90022 002 *****5.00

DOCUMENT # M02000001947

1. Entity Name
2699 LEE ROAD, LLC

Principal Place of Business	Mailing Address
481 CARLISLE DRIVE C/O SUGAROAK HERNDON, VA 20170	481 CARLISLE DRIVE C/O SUGAROAK HERNDON, VA 20170

DO NOT WRITE IN THIS SPACE

09212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
54-1252974
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COASTAL AMERICAN CORPORATION
STREET ADDRESS	481 CARLISLE DRIVE
CITY-ST-ZIP	HERNDON, VA 20170
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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.

2699 LEE ROAD LLC By WADE MORGAN CORP. SOLE MEMBER

SIGNATURE: _____ PRESIDENT 9/23/04 703-435-9335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #