

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002168

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** POTOMAC REALTY CAPITAL, LLC

**Current Principal Place of Business:**

C/O SAWYER PROPERTY MANAGEMENT, INC.  
9658 BALTIMORE AVE., SUITE 300  
BALTIMORE, MD 20740

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SAWYER PROPERTY MANAGEMENT, INC.  
9658 BALTIMORE AVE., SUITE 300  
BALTIMORE, MD 20740

**New Mailing Address:**

**FEI Number:** 20-0976509      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD., SUITE 508  
MIAMI, FL 33156 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** SAWYER PROPERTY MANA, GEMENT, INC.  
**Address:** 9658 BALTIMORE AVENUE, SUITE 300  
**City-St-Zip:** BALTIMORE, MD 20740

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAWYER PROPERTY MANAGEMENT, INC.      MGR      05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date