

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000002168	
1. Entity Name POTOMAC REALTY CAPITAL, LLC	

**FILED**  
**Aug 18, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business C/O SAWYER PROPERTY MANAGEMENT, INC. 9658 BALTIMORE AVE., SUITE 300 BALTIMORE, MD 20740	Mailing Address C/O SAWYER PROPERTY MANAGEMENT, INC. 9658 BALTIMORE AVE., SUITE 300 BALTIMORE, MD 20740
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08132008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0976509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008** In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAWYER PROPERTY MANAGEMENT, INC. 9658 BALTIMORE AVENUE, SUITE 300 BALTIMORE, MD 20740
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08/18/08-80009-003 138.75

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael Lyden WPH 8/13

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