


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # M06000001445 1. Entity Name BENJAMIN CENTER REALTY PARTNERS, LLC	
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Principal Place of Business: 13117 SCARLET OAK DRIVE DARNESTOWN, MD 20878	Mailing Address: 13117 SCARLET OAK DRIVE DARNESTOWN, MD 20878
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01082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent USA AGENTS.COM, LLC 155 OFFICE PLAZA DR. SUITE A 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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DREW, DONALD R 13117 SCARLET OAK DRIVE DARNESTOWN, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB LEE, W. FITZHUGH MEMBER 8300 BOONE BLVD. SUITE 240 VIENNA, VA 22182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB DICKMAN, ROBERT C MEMBER 100 LAKEFOREST BLVD., SUITE 500 GAITHERSBURG, MD 20877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000734855 01/28/08-80016-016 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: Donald R. Drew **DONALD R. DREW** 1/9/08 **240 938-0607**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #