

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000188

Entity Name: WESTBURY OWNER, LLC

FILED  
Jan 13, 2009  
Secretary of State

## Current Principal Place of Business:

11200 ROCKVILLE PIKE  
505  
ROCKVILLE, MD 20852

## New Principal Place of Business:

11200 ROCKVILLE PIKE  
SUITE 502  
ROCKVILLE, MD 20852

## Current Mailing Address:

11200 ROCKVILLE PIKE  
505  
ROCKVILLE, MD 20852

## New Mailing Address:

11200 ROCKVILLE PIKE  
SUITE 502  
ROCKVILLE, MD 20852

FEI Number: 20-5945251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: MGRM ( ) Delete  
Name: CHARLESTOWNE NORTH OWNER, LLC  
Address: 11200 ROCKVILLE PIKE, STE 502  
City-St-Zip: ROCKVILLE, MD 20852

Title: MGR ( ) Delete  
Name: BOARD OF DIRECTORS  
Address: 11200 ROCKVILLE PIKE STE 502  
City-St-Zip: ROCKVILLE, MD 20852

## ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JEAN S. CAFARDI

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01/13/2009

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