2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005002

Name:

Address:

City-St-Zip:

787 SEVENTH AVENUE, 11TH FLOOR

NEW YORK, NY 10019

Entity Name: POTOMAC BASIN GROUP ASSOCIATES, LLC

Apr 14, 2009 Secretary of State

340 MADISON AVENUE, 19TH FLOOR

NEW YORK, NY 10173

Current Principal Place of Business: New Principal Place of Business: 4740 CORRIDOR PLACE STE B BELTSVILLE, MD 20705 **Current Mailing Address: New Mailing Address:** C/O NFP, 500 W. MADISON STREET **SUITE 2400** CHICAGO, IL 60661 FEI Number: 26-0465451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete GARDINER, JOHN F III Name: Name: Address: 4740 CORRIDOR PLACE STE B Address: City-St-Zip: BELTSVILLE, MD 20705 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: COCKETT, BRIAN E Name: Address: 4740 CORRIDOR PLACE STE B Address: City-St-Zip: BELTSVILLE, MD 20705 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition ZUCCARO, ROBERT S Name: SCHNEIDER, BRETT

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.

Address:

City-St-Zip:

SIGNATURE: BRETT SCHNEIDER 04/14/2009