

FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 APR -7 AM 8:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company BENTCROSS DRIVE, LLC LIMITED COMPANY 200 GIRARD STREET, SUITE 216 GAITHERSBURG MD 20877	DOCUMENT #M94000000002
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1a. Principal Place of Business Address 200 GIRARD STREET, SUITE 216 GAITHERSBURG MD 20877
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 12/30/1993	3a. State of Formation MD
		4. FEI Number 52-1821719	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 04/04/1996	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent PERLMUTTER, CATHERINE 250 S. OCEAN BOULEVARD, APT. 16-H BOCA RATON FL 33432	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LEHRMAN, FAITH P	200 GIRARD STREET, SUITE 2	GAITHERSBURG MD
MGRM	PERLMUTTER, DAVID	200 GIRARD STREET, SUITE 2	GAITHERSBURG MD
MGRM	PERLMUTTER, BETH	200 GIRARD STREET, SUITE 2	GAITHERSBURG MD

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4/8/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  **DAVID PERLMUTTER** **4-4-97** **410-581-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #