

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUN -1 PM 3:22

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M94000000002

BENTCROSS DRIVE, LLC LIMITED COMPANY
200 GIPARD STREET, SUITE 210
GAITHERSBURG MD 20878

1a. Principal Place of Business Address

200 GIPARD STREET, SUITE 210
GAITHERSBURG MD 20878

2. Principal Place of Business
811 Russell Avenue

Suite, Apt. #, etc.

300

City & State

Gaithersburg, Maryland

Zip

20879

Country

U.S.A.

2a. Mailing Address

811 Russell Avenue

Suite, Apt. #, etc.

300

City & State

Gaithersburg, Maryland

Zip

20879

Country

U.S.A.

3. Date Organized or Qualified

12/30/1993

3a. State of Formation

MD

4. FEI Number

52-1821719

☐ Applied For

☐ Not Applicable

5. Date of Last Report

04/07/1997

6. Certificate of Status Desired

☐ Set 25 Additional Fee Required

7. Name and Address of Current Registered Agent

PERLMUTTER, CATHERINE

200 S OCEAN BOULEVARD, APT 100
BOCA RATON FL 33432

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

1400 South Ocean Boulevard

Suite, Apt. #, etc.

#N - 305

City

Boca Raton

Zip Code

FL 33432

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 resigning)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM LEHRMAN, FAITH P

200 GIPARD STREET, SUITE 210
811 Russell Avenue, Suite #300

GAITHERSBURG MD

MGRM PERLMUTTER, DAVID

200 GIPARD STREET, SUITE 210
811 Russell Avenue, Suite #300

GAITHERSBURG MD

MGRM PERLMUTTER, BETH

200 GIPARD STREET, SUITE 210
811 Russell Avenue, Suite #300

GAITHERSBURG MD

100002545061-9
-06/02/98-01092-001
****188.75 ****188.75

100002545061-9
-06/02/98-01092-002
****400.00 ****400.00

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

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER