
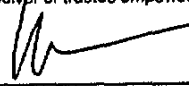


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT #M94000000073 WYATT PREFERRED CHOICE, L.L.C., L.C. 601 THIRTEENTH STREET, N.W. SUITE 900 WASHINGTON DC 20005		1a. Principal Place of Business Address 601 THIRTEENTH STREET, N.W. S WASHINGTON DC 20005	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 6707 DEMOCRACY BLVD. Suite, Apt. #, etc. SUITE 800 City & State BETHESDA MD Zip 20817-1129		2a. Mailing Address 6707 DEMOCRACY BLVD. Suite, Apt. #, etc. SUITE 800 City & State BETHESDA MD Zip 20817-1129	
3. Date Organized or Qualified 08/18/1994		3a. State of Formation DE	
4. FEI Number 52-1884347		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 05/01/1996		6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 500002178965--1 05/14/97 01114-016 ***203.75 ***203.75	
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 reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BARDENWERPER, WALTER W	601 THIRTEENTH ST., N.W., WASHINGTON DC	
MGR	DAOUST, PAUL R	6707 DEMOCRACY BLVD., SUITE 800 BETHESDA MD	20817-1129
MGR	HOLMES, DANIEL B	601 THIRTEENTH ST., N.W., WASHINGTON DC	
MGR	SMITH, A.W. JR	6707 DEMOCRACY BLVD., SUITE 800 BETHESDA MD	20817-1129
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: 		WALTER W. BARDENWERPER 4/30/97 (301)581-4600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	