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**

FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee

FILED

98 APR 13 AMII: 16

SECRETARY OF STATE

\$ 188		TALLAHASSEE, FLORIDA									
1. Name and Malling Address of Limited Liability Company DOCUMENT # M9400000073							The control of the co				
WYATT PREFERRED CHOICE, L.L.C., L.C.							1a. Principal Place of Business Address				
6707 DEMOCRACY BLVD							6707 DEMOCRACY BLVD				
	SUITE 800					SUITE 800					
BETHESDA MD 20817-1129							BETHESDA MD 20817				
2. Principal Place of Business 2a. N		2a. Mailir	alling Address				3. Date Organiza	3a. State of Formation			
Suite, Apt. #, etc. Suite, A			pt. #, etc.				08/18/1 4. FEI Number	DE Applied for			
City & State City & St			ojo					Applied For			
July & State			Siate				52-1884	Not Applicable			
Zip Country		Žip	Zip Country			5. Date of		Report	6. Certific	cale of Status I	Desired
							05/05/1	997	S8 75 Add	hta nal Fee Regu	ared
7. Name and Address of Current Registered								me and Address of New Registered Agent/Office			
					Name						
	CORPORATION SYST			Stroot Ad	drace (D	O. Box Number i	e Not Assentab	(a)			
	SOUTH PINE ISLA TATION FL 33324	Sheet Address (F.O. Box I			.O. BOX NUMBER I	a Not Acceptan	n o)				
	1111011 11 00024	Suite, Apt. #, etc.									
			City					Zip Code			
								FL			
t s re gister	ant to the provisions of Sections 608, red office or registered agent, or both, i red agent, and accept the obligations	in the State of Flori	Florida Sta ida. Such ch	tutes, the at lange was a	oove-named uthorized by	l limited l raffirmati	liability company si ive vote of a majorit	ubmits this state by of the members	ment for th s. I hereby a	e purpose of clacked	hanging ointment
BIGNATU	IRE						ſ	DATE			
(Registered Agent Accepting Appointment) (N			OTE Registered Agent signature required when reinstating)								
O. Title	Managing Members/Mana	Business Street Address				City, State and			Zip Code		
MGR	BARDENWERPER, W	6707 DEMOCRACY BLVD			D BETHESDA MD						
MGR	DAOUST, PAUL R		6707	DEMO	CRACY	BLV	D	BETHES	DA MI)	·
MGR	SMITH, A.W. JR		670 7	DEMO	CRACY	BLV	D	BETHES	DA MI)	
							20	/OOO2 -04/1(****		l see	
	·							-04/16	5/98	01114	022
٠, ١									188,75	*****1	38.7s
:	,							AL	APH	R 1 4 199	18,
`											

11. I do hereby certify that the information supplied with this filling 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 receiverfor 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:

301-581-460b