

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M95000000008**

1. Entity Name  
**OAMCO V, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 19 AM 10:28

Principal Place of Business      Mailing Address  
% OFFICE OF GENERAL COUNSEL      % OFFICE OF GENERAL COUNSEL  
7200 WISCONSIN AVENUE #1100      7200 WISCONSIN AVENUE #1100  
BETHESDA MD 20814      BETHESDA MD 20814



DO NOT WRITE IN THIS SPACE

**MJH**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State

4. FEI Number      Applied For  
**52-1856110**      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**THE PRENTICE HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS ST., SUITE 105**  
**TALLAHASSEE FL 32301**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOWNING, ROBERT B 7200 WISCONSIN AVE., #1100 BETHESDA MD 20814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAVIN, FRANCIS P 7200 WISCONSIN AVE., #1100 BETHESDA MD 20814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZICKLER, LEO E 7200 WISCONSIN AVE., #1100 BETHESDA MD 20814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**900003329019--9**

11. I 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 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.

**SIGNATURE:** Francis P. Lavin      Date: 7-14-00      Daytime Phone #: 301-654-3100

CR2E083 (5/00)



ACCOUNT NO. : 072100000032

REFERENCE : 766888 4321985

AUTHORIZATION :

*Patricia Pizutto*

COST LIMIT : \$ 50.00

ORDER DATE : July 18, 2000

ORDER TIME : 4:0 PM

ORDER NO. : 766888-035

CUSTOMER NO: 4321985

CUSTOMER: Mary Ann Ewers, Legal Asst  
Oxford Realty Financial Group  
7200 Wisconsin Ave.  
11th Floor  
Bethesda, MD 20814-4815

ANNUAL REPORT FILING

NAME: OAMCO V, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 EXAMINER'S INITIALS: \_\_\_\_\_  
 00 JUL 19 PM 4: 38

RECEIVED