

**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

**APPROVED  
AND  
FILED**

1997 APR 11 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**\$ 203.75** Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M95000000013**

OAMCO XI, L.L.C.  
% OFFICE OF GENERAL COUNSEL  
7200 WISCONSIN AVE., #1100  
BETHESDA MD 20814

1a. Principal Place of Business Address

% OFFICE OF GENERAL COUNSEL  
7200 WISCONSIN AVE., #1100  
BETHESDA MD 20814

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/30/1994	DE
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		52-1856116	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
				02/16/1996	<input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM,  
1201 HAYS ST., STE 105  
TALLAHASSEE FL 32301

800002143278--8  
-04/15/97--01026--013  
\*\*\*\*\*40.75 \*\*\*\*\*40.75

8. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
800002143278--8  
Suite, Apt. #, etc.  
-04/15/97--01026--009  
\*\*\*\*\*40.75 \*\*\*\*\*40.75  
City  
FL Zip Code

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

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

800002143278--8  
DATE 04/15/97--01026--010  
\*\*\*\*\*50.94 \*\*\*\*\*50.94

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	DOWNING, ROBERT B	7200 WISCONSIN AVE., #1100	BETHESDA MD
MGR	LAVIN, FRANCIS P	7200 WISCONSIN AVE., #1100	BETHESDA MD
MGR	ZICKLER, LEO E	7200 WISCONSIN AVE., #1100	BETHESDA MD
		800002143278--8 -04/15/97--01026--014 *****10.18 *****10.18	800002143278--8 -04/15/97--01026--011 *****10.19 *****10.19
		800002143278--8 -04/15/97--01026--015 *****40.75 *****40.75	800002143278--8 -04/15/97--01026--012 *****10.19 *****10.19 4/11/97

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:** Robert B. Downing-

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

Date

Daytime Phone #