

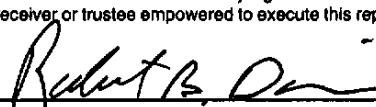


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB 10 PM 3: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 OAMCO XIV, L.L.C. % OFFICE OF GENERAL COUNSEL 7200 WISCONSIN AVE., #1100 BETHESDA MD 20814 <small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>		DOCUMENT # 195000000014 1a. Principal Place of Business Address % OFFICE OF GENERAL COUNSEL 7200 WISCONSIN AVE., #1100 BETHESDA MD 20814			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 12/30/1994 3a. State of Formation DE 4. FEI Number 52-1856120 5. Date of Last Report 02/16/1996 6. Certificate of Status Desired <small>See 7. Addendum for Requested</small> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: right;">FL</div>			
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
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	
				400002085374--9 -02/12/97--01082--006 ****203.75 ****203.75 	
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 2/7/97 301/654-3100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>					