| <u>subjec</u> | 104 | LAS FEE | 10 10- | Side Side Side Side Side Side Side Side | CO | POY W | TATE | 1 | | | | | |
|--|----------------------|--|---|---|----------------------------------|-----------------------------------|------------------------|---|---|-------------|----------------|-------|---|
| | ANNUAL R | REPORT (| Sandra B. Mortham Secretary of State | | | | FILED | | | | | | |
| | 199 | 98 FFR - 0 | | | | | | | | | | | |
| | FEE Ann | 98 FEB -9 PH 4: 33 | | | | | | | | | | | |
| 1 Name and Mailing Address of Limited Liability Company DOCUMENT # M956660 19014 | | | | | | | | SECRETARY OF STATES | | | | | |
| OAMCO XIV, L.L.C. | | | | | | | | 1a. Principal Place of Business Address | | | | | |
| 7200 Wisconsin Avenue, Suite 1100 Bethesda, MD 20814 Attn: Office of the General Counsel | | | | | | | | 7200 Wisconsin Avenue Suite 1100 Bethesda, MD 20814 | | | | | |
| 2. Princip | pal Place of Bus | ng Address | | | | 3. Date Organize | 3a. State of Formation | | | | | | |
| | Wiscon | Wisconsin Avenue | | | ıe | 12/8/93 | Delaware | | | | | | |
| Suite, Apr Suite | .#.e.c. ∋ 1100 | it. #, etc. :e 1100 | | | | 4. FEI Number | | | | Applied For | _ | | |
| City & State City & Sta | | | | ite | | | | 52-1856120 5. Date of Last Report | | | Not Applicable | | |
| Bethesda, MD Beth Zip Country Zip | | | esda, MD Country | | | | 5. Date of Last F | 6. Certificate of Status Desired S8.75 Additional Fee Regured | | | | | |
| 20814 | | USA and Address of Current (| 2081 | | USA | | | lame and Addres | s of New Posint | | | | _ |
| The | | ce-Hall Corp | | | | Name | <u> </u> | Tarrio ario Pidaros | S C ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! | 5100 A | Boung | | _ |
| In | nc. | Street Address (F | | | .O. Box Number J | s Not Acceptabl | e) | | | _ | | | |
| | L Hays S Lahassee | Suite, Apt. #, etc. | | | t. #, etc. | P.U. BOX NUMBER 1 NO ACCEPTION 19 | | | | | | | |
| | | | | | | | -02/18/9801052001 | | | | | | |
| | | City | | | | **** [3日 pads *****]88.7 | | | | | 5 | | |
| its registe | red office or regi | sions of Sections 608.416 a istered agent, or both, in the accept the obligations. | | | | | | | | | | | |
| SIGNATU | JRE | (0 | II Registored Agent a grature required when reinstating | | | | DATE | | | | | | |
| 10. Title Managing Members/Managers | | | | Business Street Address | | | | | City, State and Zip Code | | | | - |
| MGR | Leo E. Zickler | | | 7200 Wisconsin Ave Suite 1100 | | | | nue | Betheso | la, | MD | 20814 | _ |
| MGR | Francia | 7200 Wisconsin Ave Suite 1100 | | | | nue | Betheso | la, | MD | 20814 | | | |
| MGR | _ | | | | 7200 Wisconsin Ave Suite 1100 | | | nue | Bethesda, M | | | 20814 | |
| | | | : | | | | | | | | | | |
| i | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | |
| | <u> </u> | | | | | | | | | | | | |

SIGNATURE: Colort B Di -Robert B. Downing 1/30/98 (301) 654-3100

11 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 eath; 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