

2050 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000015

1. Entity Name
OAMCO XVI, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 19 AM 10:35

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

Zip Country Zip Country

4. FEI Number **52-1856122** Applied For
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 STREET, 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

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

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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 7-14-00 301-654-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)



ACCOUNT NO. : 072100000032
 REFERENCE : 766888 4321985
 AUTHORIZATION : *Patricia Pigute*
 COST LIMIT : \$ 50.00

ORDER DATE : July 18, 2000
 ORDER TIME : 4:07 PM
 ORDER NO. : 766888-065
 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 XVI, 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

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