

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
DOWNING, ROBERT B
STREET ADDRESS 7200 WISCONSIN AVE., #1100
CITY-ST-ZIP BETHESDA MD 20814

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
MGR
LAVIN, FRANCIS P
STREET ADDRESS 7200 WISCONSIN AVE., #1100
CITY-ST-ZIP BETHESDA MD 20814

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
MGR
ZICKLER, LEO E
STREET ADDRESS 7200 WISCONSIN AVE., #1100
CITY-ST-ZIP BETHESDA MD 20814

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
Francis P. Lavin 7-14-00 301-654-3100

Date

Daytime Phone #

CR2E083 (5/00)

100003329011--4



ACCOUNT NO. : 072100000032

REFERENCE : 766888 4321985

AUTHORIZATION : *Patricia Pigato*

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