	ED LIABILITY COMPAN' ANNUAL REPORT 1999	Y	Kai Se	therine cretary o			C:		.ED PM 5: 00
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1. Name of Lim	e and Mailing Address nited Liability Company  DC	CUMEN	T # M95	0000	00059				的 (
	CROSSWINDS L.L. 1300 WILSON BLV #400 ARLINGTON VA 22	D.	E, L.C.			1300 W #400	Place of Business A ILSON BL TON VA 2	VD.	
2. Principal Place of Business		2a, Ma	2a. Mailing Address			3. Date Organ	ized or Qualified	3a. State of	Formation
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			03/08/	1	DE	
City & State		City & S	City & State			Applied Fo		Applied For  Not Applicable	
Žip	Country	Ζφ		Count	ry	5. Date of Last 03/12/	` }		of Status Desired
	7. Name and Address of C	urrent Registered	d Agent		8. N		ss of New Regist	ered Agent/O	Mice
1200	CORPORATION SYS SOUTH PINE ISL TATION FL 33324	AND ROAD	,		Name Street Address (P. Suite, Apt W. etc. City	O. Box Number		Zip Code	
1200 PLAN'  9. Pursua its register	SOUTH PINE ISL TATION FL 33324  ant to the provisions of Sections 60 and office or registered agent, or bot ared agent, and accept the obligation.	AND ROAD  8.416 and 608.508 h, in the State of Ficures.	3, Florida Statu rrida. Such cha	inge was ai	Street Address (P. Suite, Apt #, etc. City  Overnamed limited lithorized by affirmations (P. Street Address	ability company	submits this staten	Zip Code ment for the pu	irpose of changing pt the appointmen
1200 PLAN' 9. Pursua its register as register SIGNATU	SOUTH PINE ISL TATION FL 33324  ant to the provisions of Sections 60 and office or registered agent, or bot ared agent, and accept the obligation.	AND ROAD  8.416 and 608.508 h, in the State of Flooris.	3, Florida Statu rrida. Such cha	inge was ai	Street Address (P. Suite, Apt W. etc. City	ability company	submits this statentity of the members	Zip Code ment for the pu . Thereby acce	pt the appointmen
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