Elle on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 15 AN 10: 40 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECNETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # M95000000129** 1a. Principal Place of Business Address SILVER SPRING PROPERTIES, L.L.C., L.C. 1300 ARCOLA AVENUE 1300 ARCOLA AVENUE SILVER SPRING MD 20902 SILVER SPRING MD 20902 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 06/01/1995 MD Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 52-1924288 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country \$8.75 Additional Fee Required 12/31/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name HIQ CORPORATE SERVICES, INC. 526 EAST PARK AVENUE, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 100002814731: -03/23/93 --01017--022 \*\*\*\*188.75 \*\*\*\*188.75 City 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 \_. [Registered Agent Accepting Applicational] (NOTE Registered Agent's griature required when reiostating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR RAND, ELIZABETH 1300 ARCOLA AVENUE SILVER SPRING MD

11 Ido 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

INHSE10 R (12-98)

attachment with an address.

SIGNATURE: