

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000129

1. Entity Name

SILVER SPRING PROPERTIES, L.L.C., L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business

1300 ARCOLA AVENUE
SILVER SPRING MD 20902

Mailing Address

1300 ARCOLA AVENUE
SILVER SPRING MD 20902

2. Principal Place of Business

3. Mailing Address

--- Suite, Apt. #, etc. ---

--- Suite, Apt. #, etc. ---

City & State

City & State

4. FEI Number

52-1924288

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE, SUITE 200
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 Delete
NAME MGR
STREET ADDRESS RAND, ELIZABETH
CITY-ST-ZIP 1300 ARCOLA AVENUE
SILVER SPRING MD 20902

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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:

Elizabeth Rand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/21/00
Date

(301)649-3727
Daytime Phone #

CR2E083 (5/00)