## FILE NOW: Fee after May 1, will be \$588.75

LIMITED L ANN	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS			FILED						
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee							97 499 20 20			
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						97 APR 28 PN 12: 56				
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M95000000375						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Sunset Landing, L.L.C.						1a. Principal Place of Business Address				
6501 Goldleaf Drive						803 Don Quixote Avenue				
Bethesda, MD 20812						Orlando, FL 32807				
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If above mailing address is incorrect in any way, tine through incorrect information and enter correction in						ļ			MUB	
			ing Address			3. Date Organized or Qualified 3a. Star			of Formation	
same	same			12/7/95	5	Mary1	and			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number		<u>,                                     </u>	Applied For	
City & State		City & State				52-1950236		<u>                                   </u>	Not Applicable	
			<u></u>			5. Date of Last F	Report	6. Certificat	te of Status Desired	
Zip Country		Zip Count		ry	4/29/96		ſ	and Fee Hequited		
} <del></del>	7. Name and Address of Current	Registered	Agent	<u> </u>	<u> </u>	8. Name and Add		enistered Ace	ont .	
	ice-Hall Systems	·····		<del></del>	Name	a. right give rive		-g		
1201 i	•									
Tallal	Street Address (I			P.O. Box Number is Not Acceptable)						
	Sulte, Apt. #, etc.			•						
ļ										
		City				Zip Code				
9. Pursuant to	Florida Statute	Florida Statutes, the above-named limited liability company sub-			thmits this statement for the purpose of changing					
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_	(Registered Agent Accepting	NOTE Registered Age	OTE Registered Agent signature required when reinstating			DATE				
10. Title Managing Members/Managers				Business Street Address			City, State and Zip Code			
				6501 Goldleaf Driv			e Bethesda, MD 20812			
	MGRM Melvin Lenkin			1500 S. Ocean Blvd			S Boca	Raton	i, FL 33436	
rang r	MRG   Michael I. Sanders			1250 Connecticut A			Washi	ngton,	DC 20036	
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11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Fiorida 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 attachment with an address.										
	$1 \sim 100 \cdot 0.1 \times 100$									
SIGNATURE: April 23, 1997 301-320-9595 SIGNATURE AND TYPED OR PRINTEDNAME OF SIGNING MANAGER Date David Proces										
	SIGNATŪRE AND TYPI	D OR PRINTED	NAME OF SIGNING M	IANAGING	MEMBER OR MANAGER		Date	Day	ytime Phone #	