
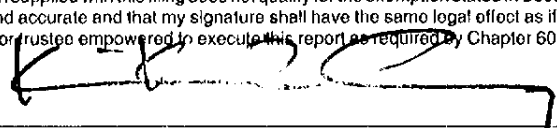


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 NOV 25 PM 2:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M96000000059			
THE GRAY GROUP ASSOCIATES, L.L.C. 7188 CRADLEROCK WAY, SUITE 106 COLUMBIA MD 21045		1a. Principal Place of Business Address 7188 CRADLEROCK WAY, SUITE 10 COLUMBIA MD 21045			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/27/1996 DE	
City & State		City & State		4. FEI Number	
Zip		Zip		52-1722027	
Country		Country		5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
WILSON, V C 1115 LOUISE DRIVE TALLAHASSEE FL 32311			Name Penny Jessel Street Address (P.O. Box Number is Not Acceptable) 413 Flagler Street Suite, Apt. #, etc. City Tallahassee FL Zip Code 32301		
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 Penny Jessel (Registered Agent Accepting Appointment) (NOT a Registered Agent's signature required when re-stating)			DATE 11-19-97		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	GRAY, KIRK L	7225 HARBOR LANE		COLUMBIA MD 600002363546--3 -12/04/97--01110--001 ****703.75 ****703.75	
11. I do 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 attachment with an address.					
SIGNATURE: 			11-19-97 410-290-8855		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			Date Daytime Phone #		