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

LIMITED LIABILITY COMPANY 🦓 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1997 **DIVISION OF CORPORATIONS** 97 FEB 28 AM II: 36 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** Make Check Payable To: FLORIDA DEPARTMENT OF STATE MECINETARY OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #**M9600000165 TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address AMERICOM PROPERTIES, LLC 1300 BELLONA AVENUE 1300 BELLONA AVENUE LUTHERVILLE MD 21093 UTHERVILLE MD 21093 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address D5/13/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 52-1975148 City & State City & State Not Applicable 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required. 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Sulte, Apt. #, etc. Zip Code 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 ___ (Ringistored Agent Accepting Appointment) [NOTE, Registered Agent signature required when reinstalling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MCCLURE, DONALD G JR. MCRM **1**300 BELLONA AVENUE LUTHERVILLE MD MCRM BILL, R. MICHAEL 300 BELLONA AVENUE LUTHERVILLE MD 200002103222--****203.75 ****203.75 11. I do hereby certify that the information supplied with this filling 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 R. Michael Gill 1/21/97 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER