File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

FILED

98 MAR 20 PM 12: 00

1. Name and Mailing Address DOCLINE NIT #		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9600000165		
AMERICOM PROPERTIES, LLC 1300 BELLONA AVENUE LUTHERVILLE MD 21093 1a. Principal Place of Business Address 1300 BELLONA AVENUE LUTHERVILLE MD 21093		
2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of	of Formation	
Suite, Apt. #, etc.		
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number	4. FEl Number Applied For	
City & State City & State 52-1975148	52-1975148 Not Applicable	
Zip Country Zip Country 5. Date of Last Report 6. Certificate	te of Status Desired	
	onal Fer Hequired	
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/O	Office	
PLANTATION FL 33324 Sireet Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc03/24/3801093011 *****188.75 City 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 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 Appointment) (NOTE Registered Agent signature required when reinstating)		
10. Title Managing Members/Managers Business Street Address City, State and Zip	p Code	
MGRM MCCLURE, DONALD G JR. 1300 BELLONA AVENUE LUTHERVILLE I		
dee		

11. t 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: _

410-823-1300