




Please 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 13 PM 4:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company | | DOCUMENT # M96000000305 | | | |
| GREENSTAR MANAGEMENT LIMITED COMPANY C/O ZUMOT REAL ESTATE MANAGEMENT 1400 CHAIN BRIDGE RD., STE. 200 MCLEAN VA 22101 | | 1a. Principal Place of Business Address C/O ZUMOT REAL ESTATE MANAGE 1400 CHAIN BRIDGE RD., STE. MCLEAN VA 22101 | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 08/16/1996 | |
| City & State | | City & State | | 4. FEI Number | |
| Zip | | Zip | | 54-1741616 | |
| Country | | Country | | 5. Date of Last Report | |
| | | | | 05/09/1997 | |
| 7. Name and Address of Current Registered Agent | | 8. Name and Address of New Registered Agent/Office | | | |
| BREGMAN, HOWARD ESQ. C/O GREENBERG, TRAUIG, ETAL 777 SOUTH FLAGLER DR., STE. 310-E WEST PALM BCH. FL 33401 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | HAMAD JASSIM MOHD, AL- | 1400 CHAIN BRIDGE RD., C/O | | MCLEAN VA | |
| MGR | FAISAL JASSIM MOHD, AL | 1400 CHAIN BRIDGE RD., C/O | | MCLEAN VA | |
| | | | | 4000002459534--6 -03/17/98--01057--011 ****188.75 ****188.75  | |

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

Feb 25 98 703 893 7233