


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # M96000000411 1. Entity Name AGH UPREIT LLC	
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Principal Place of Business 4501 N. FAIRFAX DRIVE SUITE 00 ARLINGTON, VA 22203	Mailing Address 4501 N. FAIRFAX DRIVE SUITE 500 ARLINGTON, VA 22203
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01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2656872	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000239083
02/22/05-80055-003 250.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILES, BRUCE 4501 N. FAIRFAX DRIVE, SUITE 500 ARLINGTON, VA 22203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAISINGER, JEROME J 4501 N. FAIRFAX DRIVE, SUITE 500 ARLINGTON, VA 22203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLINGER, DONALD D 4501 N. FAIRFAX DRIVE, SUITE 500 ARLINGTON, VA 22203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I 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 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.

SIGNATURE: Jerome J. Kraisinger 2-1-05 703 812 7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #