File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY & **Katherine Harris** FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 99 FEB 22 PH 2: 19 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECKETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # M96000000418** 1a. Principal Place of Business Address WATER STREET II, L.L.C. 121 WATER STREET, SUITE 400 121 WATER STREET, SUITE 400 BALTIMORE MD 21202 BALTIMORE MD 21202 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 3a. State of Formation 10/24/1996 MD Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 52~1853728 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 03/05/1998 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, 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 \_\_ DATE (Registered Agent Accepting Apprinalment) (NOT) Hagistered Agent signature require or when relies thing 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BAKER, CHARLES E 121 WATER STREET, SUITE 40 BALTIMORE MD MGRM PROBASCO, ROBERT E 121 WATER STREET, SUITE 40 BALTIMORE MD 102759175--12/26/99-01096-019 \*\*\*\*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)(1), 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 truster 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 SIGNAG MANAGERS MEMBER OF M