

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96000000418

1. Entity Name
WATER STREET II, L.L.C.

Principal Place of Business
121 WATER STREET, SUITE 400
BALTIMORE MD 21202

Mailing Address
121 WATER STREET, SUITE 400
BALTIMORE MD 21202-6304



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1976
Suite, Apt. #, etc.

City & State

City & State
Baltimore, Maryland

Zip

Country

Zip
21203-1976

Country

Baltimore City

mNm

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1853728

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BAKER, CHARLES E
121 WATER STREET, SUITE 400
BALTIMORE MD 21202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
PROBASCO, ROBERT E
121 WATER STREET, SUITE 400
BALTIMORE MD 21202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
700003236637-2
-05/03/00--01046--085
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

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

April 14, 2000

Date

Daytime Phone #

CR2E083 (9/99)