


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandy B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 MAY 27 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # M96000000465 GRETA G. FEIN FAMILY, L.L.C. 5440 MARINELLI ROAD N. BETHESDA MD 20852

1a. Principal Place of Business Address 5440 MARINELLI ROAD N. BETHESDA MD 20852
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2. Principal Place of Business Suite, Apt. #, etc. SAME #149 City & State Co Country	2a. Mailing Address 5440 MARINELLI RD Suite, Apt. #, etc. City & State Co Country
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3. Date Organized or Qualified 1/22/1996	3a. State of Formation MD
4. FEI Number 52-1993295	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent CORPORATE ACCESS, INC. 1116-D THOMASVILLE ROAD TALLAHASSEE FL 32303
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8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 100002199231--7 City FL Zip Code -06/03/97--01029--001 ****203.75 ****203.75
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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 Acceptance (Required) NOTE: Registered Agent signature required when reinstating.

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FEIN, GRETA G	5440 MARINELLI ROAD #149	N. BETHESDA MD
MGRM	FEIN-BRUG, DEBORAH	21604 1ST STREET	LAYTONSVILLE MD
MGRM	BRUG, TIMOTHY P	21604 1ST STREET	LAYTONSVILLE MD
MGRM	VEIN, DAVID J	4808 PULLER DRIVE	KENSINGTON MD
MGRM	TRENT, DEBORAH L	4808 PULLER DRIVE	KENSINGTON MD

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: Greta G. Fein Greta G. Fein April 28 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #