


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	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M96000000465	
GRETA G. FEIN FAMILY, L.L.C. 5440 MARINELLI ROAD #149 N. BETHESDA MD 20852		1a. Principal Place of Business Address 5440 MARINELLI ROAD #149 N. BETHESDA MD 20852	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Organized or Qualified		3a. State of Formation	
11/22/1996		MD	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
52-1993295			
5. Date of Last Report		6. Certificate of Status Desired	
05/27/1997		SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
CORPORATE ACCESS, INC. 1116-D THOMASVILLE ROAD TALLAHASSEE FL 32303		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 900002468373-0 -03/25/98--01092--021 City *****188p 99da *****188.75 FL	
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 Appointment) (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

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

Date

Daytime Phone #