

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000075

1. Entity Name
OAMCO, XIII, L.L.C.

Principal Place of Business: 7200 WISCONSIN AVE., #1100, ATTN: OFFICE OF THE GENERAL COUNSEL, BETHESDA MD 20814

Mailing Address: 7200 WISCONSIN AVE., #1100, ATTN: OFFICE OF THE GENERAL COUNSEL, BETHESDA MD 20814

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 19 AM 10:34



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business: Suite, Apt. #, etc. City & State: Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State: Zip Country

4. FEI Number: 52-1856118 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZICKLER, LEO E 7200 WISCONSIN AVE., #1100 BETHESDA MD 20814	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOWNING, ROBERT B 7200 WISCONSIN AVE., #1100 BETHESDA MD 20814	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAVIN, FRANCIS P 7200 WISCONSIN AVE., #1100 BETHESDA MD 20814	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Francis P. Lavin 7-14-00 301-654-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)



ACCOUNT NO. : 072100000032

REFERENCE : 766888 4321985

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 50.00

ORDER DATE : July 18, 2000

ORDER TIME : 4:06 PM

ORDER NO. : 766888-060

CUSTOMER NO: 4321985

CUSTOMER: Mary Ann Ewers, Legal Asst
Oxford Realty Financial Group
7200 Wisconsin Ave.
11th Floor
Bethesda, MD 20814-4815

ANNUAL REPORT FILING

NAME: OAMCO XIII LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA

EXAMINER'S INITIALS:

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 JUL 19 PM 4: 38

RECEIVED