2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M9700000075 1. Entity Name OAMCO, XIII, L.L.C.							FILE SECRETARY O	D OF STATE			
						1	DIVISION OF CORPORATIONS				
				<u></u>	-		00 JUL 19 A	M 10: 34			
Principal Place of Business Mailing Address											
7200 WISCONSIN AVE #1100 7200 WISCONSIN ATTN: OFFICE OF THE GENERAL COUNSEL ATTN: OFFICE OF BETHESDA MD 20814 BETHESDA MD 2				CE OF THE GENERAL COUNSEL							
2. Principal Place of Business		S	3. Mailing Address				{ 	I es iki di kii di kki	ia ki u aak aakk		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			7	DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI N	umber 52-18561	18	<u> </u>	plied For t Applicable	
Zip		Country	Zip	Count	try	5. Certifi	icate of Status Desired		\$5.00 Add	itional	
	6. Name ar	nd Address of Current R	Registered Agent			7. Name	and Address of New	Registered A	gent		
					Name		. <u> </u>				
THE PRENTICE-HALL CORPORATION SYSTE 1201 HAYS STREET			M, INC.		Street Addres	et Address (P.O. Box Number is Not Acceptable)			_		
		01									
TALLAHASSEE FL 32301				•	City		 -	FL	Zip Code	• .	
R The above	named entity s	ubmits this statement for	the purpose of chang	zina its registere	ad office or regis	stered agent, o	or both, in the State of		1		
8. The above	named entity s	submits this statement for	the purpose of chang	ing its registere	d office or regis	stered agent, o	or both, in the State of				
CICNIATI IDE		submits this statement for			ed office or regis				1		
CICNIATI IDE			nd title if applicable.	(NOTE: Registered	d Agent signature requ	uired when reinstatin		Florida.			
CICNATI IDE			nd title if applicable.	(NOTE: Registered		ம் ed when reinstatin		Florida.			
SIGNATURE .		printed name of registered agent ar	nd title if applicable. Fit. Make Chec	(NOTE: Registered	d Agent signature requ	ம் ed when reinstatin	ng)	Florida.			
SIGNATURE .	Signature, typed or p		nd title if applicable. Fit. Make Chec	(NOTE: Registered LE NOW!!! F ck Payable to	d Agent eignature requirement	ம் ed when reinstatin	ng)	Florida.		Addition	
CICNIATI IDE	Signature, typed or p	printed name of registered agent and a second agent agent and a second agent agent and a second agent a	nd title if applicable. Fit. Make Chec	(NOTE: Registered LE NOW!!! F ck Payable to	FEE IS \$50.0 o Department	ம் ed when reinstatin	ng)	Florida.	☐ Change	Addition	
SIGNATURE . 9. IIILE	Signature, typed or p	printed name of registered agent and managing MEMBER EO E ONSIN AVE., #1100	nd title if applicable. Fit. Make Chec	(NOTE: Registered LE NOW!!! F ck Payable to 10. title NAME STREE	FEE IS \$50.0 o Department	ம் ed when reinstatin	ng)	Florida.	☐ Change	Addition	
SIGNATURE . 9. TITLE NAME STREET ADDRESS	Signature, typed or F MGR ZICKLER, LE 7200 WISCO	printed name of registered agent and managing MEMBER EO E ONSIN AVE., #1100	nd title if applicable. Fit. Make Chec	(NOTE: Registered LE NOW!!! F ck Payable to 10. TITLE NAME STREE CITY-	FEE IS \$50.0 o Department E E E ST-ZIP E	ம் ed when reinstatin	ng)	Florida.		. Addition	
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ACCOUNT NO. : 072100000032

766888 REFERENCE :

4321985

AUTHORIZATION

COST LIMIT

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:

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CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA

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