

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000075

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 19 AM 10:34

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



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		52-1856118		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		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		10. ADDITIONS/CHANGES	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 Pizoto*

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

RECEIVED
00 JUL 19 PM 4:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA