2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

| DOCUMENT # M9800000303 1. Entity Name | | | | | FILED | | |
|--|--|--|--|----------------------|---|--------------------------------------|---|
| NATIONAL GUEST HOME LLC. | | | | | OI MAY -7 PM 3: 09 | | |
| | | | • | | SECRETARY OF STATE | • | |
| Principal Place of Business 10400 FERNWOOD ROAD BETHESDA, MD. 20817 | | Mailing Address 10400 FERNWOOD ROAD DEPT. 924.13 BETHESDA, MD. 20817 | | 1. | ALLAHASSEE. FLORIDA | 4 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | |
| City & State | | City & State | | 4 E | lumber | · | Applied For |
| Zip | Country | Zip | Country | 5. Certi | ficate of Status Desired | \$5.00 A | dditional |
| The Prentice | (+6. Name and Address of Current | Registered Agent | | 7. Nam | and Address of New Registered | | |
| THE PRE | ENTICE-HALL CORPORATI | | Name | | and Address of their registered | | <u>.</u> |
| | HAYS STREET ASSEE, FL. 32301 | | Street Addres | ss (P.O. Box N | lumber is Not Acceptable) | | |
| | | • | [| | | | |
| ٠.,٠ | • | • | City | | FI | Zip Co | ode |
| 8. The above | e named entity submits this statement for | or the purpose of changing it | s registered office or regis | stered agent, | or both, in the State of Florida. | - | <u> </u> |
| SIGNATURE | Signature, typed or printed name of registered agent | · | | | | | |
| | | and titte if applicable. (NO | TE: Registered Agent signature regi | uired when reinstati | no) DATE | | |
| | Gignatore, types of printed harrie of registered agent | and title if applicable. (NO | TE: Registered Agent signature requ | uired when reinstati | ng) DATE DATE | | |
| | Signatore, types or printed harre (i) registered agent | | | | 30000437 5 | | |
| | ogrande, types of plinted haire of legistated agent | FILE N | OWIII FEE IS \$50.0 | 00 | *****50,00 | 01020- | -030 |
| | organicals, types of plinted haire of legistered agent | FILE N | | 00 | 30000437 5 -06/07/01 | 01020- | -030 |
| 9, | MANAGING MEMB | FILE N Make Check P | OWIII FEE IS \$50.0 | 00 | 30000437 5 -06/07/01 | 01020- **** | -030 |
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