

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000303

1. Entity Name

NATIONAL GUEST HOMES, LLC

Principal Place of Business

10400 FERNWOOD RD., DEPT. 924.13
BETHESDA MD 20817

Mailing Address

10400 FERNWOOD RD., DEPT. 924.13
BETHESDA MD 20817

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FERGUSON, JEFFREY W	10400 FERNWOOD RD.	BETHESDA MD 20817	<input type="checkbox"/>
V	M. LESTER PULSE JR.	10400 FERNWOOD ROAD	BETHESDA MD 20817	<input type="checkbox"/>
AS	BEENZ, NANCY L	10400 FERNWOOD ROAD	BETHESDA MD 20817	<input type="checkbox"/>
D	WILLIAM DAVID MANN	10400 FERNWOOD ROAD	BETHESDA MD 20817	<input checked="" type="checkbox"/>
S	STEIN, MICHAEL J	10400 FERNWOOD ROAD	BETHESDA MD 20817	<input type="checkbox"/>
T	MASETTI, ANDREW P	10400 FERNWOOD ROAD	BETHESDA MD 20817	<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	WILLIAM W. MCCARTEN	10400 FERNWOOD ROAD	BETHESDA, MD. 20817	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I 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 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:

Signature Required

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

Date

8/1/02

(301) 380-8742

Daytime Phone #

APPROVED

AND

08-18-2002 90126 043 ****50.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)