
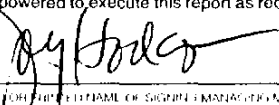


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000904 NATIONAL TEMPORARY APARTMENTS, LLC 8737 COLESVILLE ROAD, SUITE 302 SILVER SPRING MD 20910		FILED 99 APR 12 PM 3:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip	
3. Date Organized or Qualified 08/17/1998		3a. State of Formation MD	
4. FEI Number 52-2071406		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report N/A		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when appointing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	REALTY INVESTMENT CO.,	8737 COLESVILLE ROAD, SUITE 302	SILVER SPRING MD
MGR	HODGE, JOY	8737 COLESVILLE ROAD, SUITE 302	SILVER SPRING MD
300002842543--S -04/16/99--01033--004 ****188.75 ****188.75 4-15-99			
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		Joy Hodge 2/19/99 301-495-8927	
SIGNATURE AND TYPE (FOR REGISTERED AGENT OR SIGNATURE MANAGER/MEMBER/MANAGER)		DATE	