2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M9800001464 1. Entity Name HMC NGL LLC								O ^l	4 APR 30 P	M 12: 14		
Principal Place of Business 2903 ROCKLEDGE DR., #1500 BETHESDA, MD 20817-1818				Mailing Address 2903 ROCKLEDGE DR., #1500 BETHESDA, MD 20817-1818				ECRETARY I LAHASSEI		B1618 8101 411	1871 iil 1871	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03292004	Chg-LLC	CR2E083	3 (10/03)	
City & State				City & State				4. FEI Numb NOT AF	er PPLICABLE		<u>-</u>	oplied For of Applicable
Zip	Country			Zip Co		5. C		5. Certificate	of Status Desired		5.00 Add	
6. Name and Address of Current R				gistered Agent	Name	7. Name and Address of New Registered Agent						
THE PRENTICE-HALL CORPORATION S 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				STEM, INC.	Street Address (P.O. Box Number is Not Acceptable)							
						City				FL	Zip Code	e .
8. The above named entity submits this statement for the purpose of changing its re						ed office or	register	ed agent, or bo	th, in the State of Fl		miliar with,	and accept
the obligations of registered agent. SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					:: Registere	d Agent signat	ure required	when reinstating)	9	DATE		,,,
Filing Fee is \$50.00 Due by May 1, 2004										ke check pay a Departmer		9 - *
9.	Luop	MANAGING N	MEMBERS	/MANAGERS	10.		1400		ADDITIONS	/CHANGES		
NAME PARSONS, ROBERT E JR. STREET ADDRESS 6903 ROCKLEDGE DR., 15TH FL CITY-ST-ZIP BETHESDA, MD 208171818				Delete TITLE NAME OOR STREET AI CITY-ST-			6903	MGR Change x Addition W.EEdward Walter 6903 Rockledge Dr. 15th Floor Bethesda, MD 20817-1818				
TITLE	MGR			☐ Detete	TITLE		been	coda, III	20017-101		Change	☐ Addition
NAME Street Address City-St-Zip	6903 ROC	.A, JOHN A CKLEDGE DR., 1: DA, MD 2081718	- 4	OOR		e et adoress -st-zip		70 05/14	000362 /0401010	28842 001. *	27 *1608.	. 75
TITLE NAME				☐ Delete	TITLE						Change	Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP						
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TITLE NAME	·	7		☐ Delete	TITLE					E	Change	Rem
STREET ADDRESS CITY-ST-ZIP		4		1	STRE	ET ADDRESS ST-ZIP					G	0,481
11. I hereby certify that the information supplied with the liling tase not greatly 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 the my signature stall 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 receiter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.												
11. I hereby of indicated limited lial	certify that the on this repor bility compar	e information supplied t is true and arcura ny or the receiver or	ed with the and the trustee er	s tiling these not greatly for triny signature sydli have hoowered to execute his	the exer the same report as	nption stat legal effer required t	ed in Sec ot as if m by Chapte	otion 119.07(3)(ade under oath er 608, Florida (i), Florida Statutes. ; that I am a manag Statutes.	I further certify ging member o	that the in or manage	nformation r of the