

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90028 033 *****50.00

DOCUMENT # M98000001464

1. Entity Name

HMC NGL LLC



DO NOT WRITE IN THIS SPACE

20035518

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6903 Rockledge Drive Suite, Apt. #, etc. 1500 City & State Bethesda, Maryland Zip 20817-1818 Country USA		3. Mailing Address 6903 Rockledge Drive Suite, Apt. #, etc. 1500 City & State Bethesda, Maryland Zip 20817-1818 Country USA		4. FEI Number Not Applicable		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required					

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name The Prentice-Hall Corporation System, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
City Tallahassee	Zip Code FL 32301-2525

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.

DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Walter, W. Edward 6903 Rockledge Drive, 15th Floor Bethesda, MD 20817-1818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Carnella, John A. 6903 Rockledge Drive, 15th Floor Bethesda, MD 20817-1818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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:

04/17/03

(240) 744-1000

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

Date

Daytime Phone #

CR2E083B (12/02)