2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M98000001481

1. Entity Name HMH HPT CBM LLC

Principal Place of Business

6903 ROCKLEDGE DRIVE

6903 ROCKLEDGE DRI 1500

BETHESDA, MD 20817

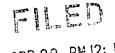
Mailing Address

6903 ROCKLEDGE DRIVE

1500

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BETHESDA, MD 20817



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number Applied For NOT APPLICABLE Not Applicable

Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301

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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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTER, W. EDWARD 6903 ROCKLEDEG DRIVE 15TH FLOOR BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARNELLA, JOHN A 6903 ROCKLEDEG DRIVE 15TH FLOOR BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORNE, ADRIANNE M 1209 ORANGE STREET WILMINGTON, DE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	

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11. I hereby certify that the information sopplied with this filling does not availify the 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 first significant of the limited liability company or the receiver or turned empowered to execute this report as regulated by Chapter 608, Florida Statutes.

John A. Carnella

3/30/04

(240) 744-1000

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

Date

Daytime Phone #