

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M98000001481

1. Entity Name
HMH HPT CBM LLC



Principal Place of Business
6903 ROCKLEDGE DRIVE
1500
BETHESDA, MD 20817

Mailing Address
6903 ROCKLEDGE DRIVE
1500
BETHESDA, MD 20817

FILED

04 APR 30 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03292004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. 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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WALTER, W. EDWARD
STREET ADDRESS 6903 ROCKLEDEG DRIVE 15TH FLOOR
CITY-ST-ZIP BETHESDA, MD 20817

TITLE MGR
NAME CARNELLA, JOHN A
STREET ADDRESS 6903 ROCKLEDEG DRIVE 15TH FLOOR
CITY-ST-ZIP BETHESDA, MD 20817

TITLE MGR
NAME HORNE, ADRIANNE M
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON, DE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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SO. 2004

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: _____

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 #