

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M98000001482

1. Entity Name  
HMC OP BN 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)

**DO NOT WRITE IN THIS SPACE**

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 CARNELLA, JOHN A  
STREET ADDRESS 6903 ROCKLEDGE 15TH FLOOR  
CITY-ST-ZIP BETHESDA, MD 20817

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

*SO. FLA.*

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 #