

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001482

Entity Name: HMC OP BN LLC

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

6903 ROCKLEDGE DRIVE  
1500  
BETHESDA, MD 20817

## New Principal Place of Business:

## Current Mailing Address:

6903 ROCKLEDGE DRIVE  
1500  
BETHESDA, MD 20817

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: CARNELLA, JOHN A  
Address: 6903 ROCKLEDGE 15TH FLOOR  
City-St-Zip: BETHESDA, MD 20817

Title: MGR ( ) Delete  
Name: WALTER, W. EDWARD  
Address: 6903 ROCKLEDGE DRIVE 15TH FLOOR  
City-St-Zip: BETHESDA, MD 20817

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LARSON, GREGORY J  
Address: 6903 ROCKLEDGE DRIVE, SUITE 1500  
City-St-Zip: BETHESDA, MD 208171818 US

Title: MGR (X) Change ( ) Addition  
Name: WALTER, W. EDWARD  
Address: 6903 ROCKLEDGE DRIVE, SUITE 1500  
City-St-Zip: BETHESDA, MD 208171818 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: W. EDWARD WALTER

MGR

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date