

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

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

04-29-2003 90028 037 ****50.00

DOCUMENT # M98000001482

1. Entity Name

HMC OP BN LLC



DO NOT WRITE IN THIS SPACE

20035514

2. Principal Place of Business

6903 Rockledge Drive

3. Mailing Address

6903 Rockledge Drive

Suite, Apt. #, etc.

1500

Suite, Apt. #, etc.

1500

City & State

Bethesda, Maryland

City & State

Bethesda, Maryland

4. FEI Number

Not Applicable

Applied For

Not Applicable

Zip

20817-1818

Country

USA

Zip

20817-1818

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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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

FL

Zip Code

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

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

04/17/03

Date

(240) 744-1000

Daytime Phone #

CR2E083B (12/02)