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

DOCUMENT # M98000001483

1. Entity Name CBM TWO LLC

FILED Apr 29, 2003 8:00 am Secretary of State 04-29-2003 90028 038 ****50.00

1,0.1	DO NOT WRI		PAC	E	; ;	200355	13	
2. Principal Place of Business		1	3. Mailing Address					
6903 Rockledge Drive Suite, Apt. #, etc.			6903 Rockledge Drive Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
1500		1500	•					
City & State		City & State			4. FEI Number		Applied For	
Bethesda, Maryland			Bethesda, Maryland		52-2171367		Not Applicable	
Zip 20817-	Country -1818 USA	Zip 20817-1818	Country USA		5. Certificate of Status Desired S5.00 Additional Fee Required			
				Name	7. Name and Address of Curren	t Registered A	gent	
DO NOT WRITE					The Prentice-Hall Corporation System, Inc.			
					Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
	IN THIS S	SPACE DE		1201 Hays	street			
			*****	City Tallahassee		FL	Zip Code 32301-2525	
	named entity submits this statement tions of registered agent.	ent for the purpose of changing it	ts registere	ed office or registere	ed agent, or both, in the State of Fl	orida. I am fam	liar with, and accept	
SIGNATURE								
9.	MANAGING ME	Make Check Paya	SIFER IROGEN VELUE	orldå Departmer	ROSEE		sternesia esta de la casa de la c	
TITLE	WANAGING ME	INIGERS/ MANAGERS	TITLE	. A. J. S . S. S. S.	₩ 1/3/4/4			
NAME	Manager		NAME	Control of the Control of	1.0	Sex No. 54		
STREET ADDRESS	Walter, W. Edward 6903 Rockledge Driv	ve, 15th Floor	STRE	ET ADDRESS				
CITY-ST-ZIP	Bethesda, MD 20817-1818		CITY	ST-ZIP	100			
TITLE	Manager		TITLE	10 E				
NAME STREET ADDRESS	Carnella, John A.		NAME	ET ADDRESS:	garage of the second			
CITY-ST-ZIP	6903 Rockledge Drive, 15th Floor Bethesda, MD 20817-1818_		21.0000000	ST-ZIP				
TITLE	Beenesday Hb 20017	1010	î ni <u>t</u> le	THE RELEASE	TALLES TO A			
NAME			NAME					
STREET ADDRESS CITY - ST - ZIP			***************************************	T ADDRESS ST. ZIP	L DO NOT	WRIT	F	
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NAME CERTAIN ADDRESS			NAME					
STREET ADDRESS CITY-ST-ZIP			700000000000000000000000000000000000000	TADDRESS'				
TITLE	<u> </u>		TITLE					
NAME			NAME					
STREET ARRIVES	Ī		CTDCE	T ADDRESS I		4 St. 54	***	

11. Uhereby 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 ad limited liability company or the receiv ny signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the by ged to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/17/03

Date

(240) 744-1000

Daytime Phone #