

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-29-2003 90028 039 \*\*\*\*50.00

0044372

**DOCUMENT # M98000001491**

1. Entity Name  
**RIBM TWO LLC**



Principal Place of Business <b>10400 FERNWOOD ROAD BETHESDA MD 20817</b>	Mailing Address <b>10400 FERNWOOD ROAD SUITE 500 DEPT. 72/923 BETHESDA MD 20817-1109</b>
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20030014



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business <b>6903 Rockledge Drivd</b>		3. Mailing Address <b>6903 Rockledge Drive</b>		4. FEI Number <b>52-2171535</b>		Applied For	
Suite, Apt. #, etc. <b>1500</b>		Suite, Apt. #, etc. <b>1500</b>				Not Applicable	
City & State <b>Bethesda, Maryland</b>		City & State <b>Bethesda, Maryland</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
Zip <b>20817-1818</b>	Country <b>USA</b>	Zip <b>20817-1818</b>	Country <b>USA</b>				

6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WALTER, W. EDWARD 10400 FERNWOOD ROAD BETHESDA MD 20817</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6903 Rockledge Dr. #1500 Bethesda, MD 20817-1818</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PARSONS, ROBERT E JR 10400 FERNWOOD ROAD BETHESDA MD 20817</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER CARNELLA, JOHN A. 6903 Rockledge Dr. #1500 Bethesda, MD 20817-1818</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**4/17/03**

Date

**(240) 744-1000**

Daytime Phone #

CR2E083 (10/02)