

# 2001 UNIFORM BUSINESS REPORT (UBR)

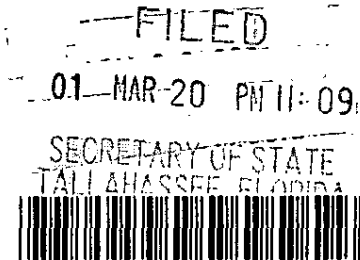
0025985 AF

DOCUMENT # M98000001497

1. Entity Name  
CCMH PALM BEACH LLC

Principal Place of Business  
6600 ROCKLEDGE DRIVE, SUITE 600  
BETHESDA MD 20817

Mailing Address  
6600 ROCKLEDGE DRIVE, SUITE 600  
BETHESDA MD 20817



2. Principal Place of Business  
10400 FERNWOOD ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
10400 FERNWOOD ROAD  
Suite, Apt. #, etc.

City & State  
BETHESDA, MD

City & State  
BETHESDA, MD

Zip  
20817-1109

Zip  
20817-1109

Country  
USA

Country  
USA

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

## 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.

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCIS, JAMES L 6600 ROCKLEDGE DRIVE, SUITE 600 BETHESDA MD 20817	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLDEN, TRACY M 6600 ROCKLEDGE DRIVE, SUITE 600 BETHESDA MD 20817	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAIRBANKS, STEVEN F 6600 ROCKLEDGE DRIVE, SUITE 600 BETHESDA MD 20817	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/PRESIDENT PARSONS, ROBERT E. JR. 10400 FERNWOOD ROAD BETHESDA, MD 20817-1109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/VICE PRESIDENT/TREASURER WALTER, W. EDWARD 10400 FERNWOOD ROAD BETHESDA, MD 20817-1109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR /VICE PRESIDENT/SECRETARY OLINGER, DONALD D. 10400 FERNWOOD ROAD BETHESDA, MD 20817-1109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Walter, W. Edward REQUIRED. EDWARD WALTER, MGR 03/02/01 301-380-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)