


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M98000001497 1. Entity Name CCMH PALM BEACH LLC	
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Principal Place of Business 6903 ROCKLEDGE DRIVE 1500 BETHESDA, MD 20817-1109	Mailing Address 6903 ROCKLEDGE DRIVE 1500 BETHESDA, MD 20817-1109
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03292004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301
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**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

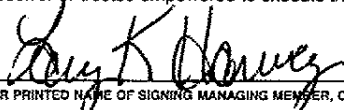
U000000139099
04/29/04-80109-001 700.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARNELLA, JOHN A 6903 ROCKLEDGE DRIVE 15TH FLOOR BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTER, W. EDWARD 6903 ROCKLEDGE DRIVE 15TH FLOOR BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARVEY, LARRY K 6903 ROCKLEDGE DRIVE 15TH FLOOR BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____



Larry K. Harvey 3/30/04 (240) 744-1000

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

Date

Daytime Phone #