

2001 UNIFORM BUSINESS REPORT (UBR)

0029885 AF

DOCUMENT # M98000001499

1. Entity Name
CCRC AMELIA ISLAND LLC

FILED
01 MAR 20 PM 11:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**6600 ROCKLEDGE DR., SUITE 600
 BETHESDA MD 20817**

Mailing Address
**6600 ROCKLEDGE DR., SUITE 600
 BETHESDA MD 20817**



2. Principal Place of Business 10400 Fernwood Road	3. Mailing Address 10400 Fernwood Road
Suite, Apt. #, etc. 10400 Fernwood Road	Suite, Apt. #, etc. Dept. 72/923
City & State Bethesda, MD 20817-1109	City & State Bethesda, MD 20817-1109
Zip 20817-1109	Country USA

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 *****50.00 *****50.00

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: W. Edward Walter **W. EDWARD WALTER, MGR.** 3/02/01 301-380-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFR2E083 (11/00)