

2001 UNIFORM BUSINESS REPORT (UBR)

0025965 AF

DOCUMENT # M98000001500

1. Entity Name
CCMH TAMPA WESTSHORE LLC

FILED

01 MAR 20 PM 4:12

(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
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2. Principal Place of Business 10400 FERNWOOD ROAD Suite, Apt. #, etc.	3. Mailing Address 10400 FERNWOOD ROAD Suite, Apt. #, etc. DEPT. 72/923.
City & State BETHESDA, MD	City & State BETHESDA, MD
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 <input type="checkbox"/>	\$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
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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		10. ADDITIONS/CHANGES	
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/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 COLDEN, TRACY M 6600 ROCKLEDGE DR., SUITE 600 BETHESDA MD 20817 <input checked="" type="checkbox"/> Delete	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 FAIRBANKS, STEVEN F 6600 ROCKLEDGE DR., SUITE 600 BETHESDA MD 20817 <input checked="" type="checkbox"/> Delete	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
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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: EDWARD WALTER 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)