

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

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

**DOCUMENT # M98000001500**

1. Entity Name  
CCMH TAMPA WESTSHORE LLC



Principal Place of Business  
6903 ROCKLEDGE DRIVE  
1500  
BETHESDA, MD 20817-1818

Mailing Address  
6903 ROCKLEDGE DRIVE  
1500  
BETHESDA, MD 20817-1818



03292004 No Chg-LLC

CR2E083 (10/03)

**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

**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**

000000139100  
04/29/04-80109-001 700.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	CARNELLA, JOHN A
STREET ADDRESS	6903 ROCKLEDGE DRIVE, 15TH FLOOR
CITY-ST-ZIP	BETHESDA, MD 208171818
TITLE	MGR
NAME	WALTER, W. EDWARD
STREET ADDRESS	6903 ROCKLEDGE DRIVE, 15TH FLOOR
CITY-ST-ZIP	BETHESDA, MD 208171818
TITLE	MGR
NAME	HARVEY, LARRY K
STREET ADDRESS	6903 ROCKLEDGE DRIVE, 15TH FLOOR
CITY-ST-ZIP	BETHESDA, MD 208171818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 #