LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000001500

1. Entity Name

CCMH TAMPA WESTSHORE LLC



FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90023 046 ****50.00

20035254

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7.442 Ac. 4				5.47				
2. Principal Place of Business		3. Mailing Address	, 4	1				
6903 Rockledge Drive		6903 Rockled	lge Driv					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS	SPACE	
1500		1500			•			
City & Stat	te	City & State			4. FEI Number		Applied For	
Bethes	da, Maryland	Bethesda, Ma	ryland		Not Applicable		Not Applicable	
Zip 20817-	Country -1818 USA	Zip 20817-1818	Coun USA	try	5. Certificate of Status Desired		\$5.00 Additional Fee Required	
STEP STORE OF STATE	· · · · · · · · · · · · · · · · · · ·				7. Name and Address of Current	Registere	d Agent	
		e e distribuir de la companya de la		Name				
	DO NOT	WRITE	i wit.		ice-Hall Corporation System, Inc.			
				1201 Hays	P.O. Box Number is Not Acceptable Street)		
	IN THIS	SPACE	* 57.					
	, A	Mirror Control	91/67					
				City Tallahas	teee	Fl	Zip Code 32301-2525	
9 The above	named ontity submits this statem	yent for the purpose of changing	ite register		red agent, or both, in the State of Flo	rida Lom		
	tions of registered agent.	lent for the purpose of changing	i io iegistere	a onice or register	ed agent, or both, in the State of Fid	nua. ram	talimiai wilii, and accept	
SIGNATURE .								
	Signature, typed or printed name of registered	The second secon		ers 1	The second secon	DATE		
			FEEIS	\$50.00				
		Make Cheek Pay	able to A	orida Departme	බැල් පිනිව			
	•		DUEBY	MAY 9				
9.	MANAGING M	EMBERS/MANAGERS	WW. mark	*	Property and the second	التلويلة بالمعالمة		
TITLE		······································	TITLE	Section 1		Lat. Got		
NAME	Manager		NAM		and the state of t			
STREET ADDRESS	Walter, W. Edward	15th Bl	STRE	ET ADDRESS				
CITY-ST-ZIP	6903 Rockledge Dri Bethesda, MD 20817		CITY	ST-ZIP				
TITLE	Beenesday IID 20029		mile	31329	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M. Dried	No de recons	
NAME	Manager		NAME	16.77		= -12-13-13		
STREET ADDRESS	Carnella, John A.	46.5 51		T ADDRESS		e i	A Commence	
CITY-ST-ZIP	6903 Rockledge Dri Bethesda, MD 20817		100 miles	ST-ZIP	是	White .		
TITLE	Bechesda, MD 20017	-1010	- Appendix X	60	NAME OF TAXABLE PARTY.	123		
TITLE NAME	Manager		NAME		State of Marie 1.			
STREET ADDRESS	Harvey, Larry K.		**************************************	TADDRESS	and the state of t	国际发	<u> </u>	
CITY-ST-ZIP	6903 Rockledge Dri Bethesda, MD 20817		2 m 27	ST-ZIP	DO NOT	NRI		
	Bechesda, MD 20817	_1010	general to 12					
TITLE			ATITLE		INTHIS	SPAC	3Ei	
NAME STREET ADDRESS			50 - 138a	T ADDRESS		V (0.4)		
			* 1 1000					
CITY-ST-ZIP		• <u>·</u>	10.00	SI-ZIP		77		
TITLE			TITLE					
NAME			NAME	10 X				
STREET ADDRESS			7 % CO 0000 V	T ADDRESS			AVAIL .	
CITY-ST-ZIP			CH.Y	ST-ZIP 2 7				
TITLE			1 TITLE	7.7				
NAME			NAME		The second secon			
STREET ADDRESS			W/V/100	T ADDRESS				
CITY-ST-ZIP			i, CITY-	ST-ZiP				
11. I hereby of indicated	certify that the information supplied on this report is true and accurate bility company or the receiver or t	and that my signature shall ha	for the exer	nption stated in Se legal effect as if m	ction 119.07(3)(i), Florida Statutes. I nade under oath; that I am a manag er 608, Florida Statutes.	further ceing memb	rtify that the information er or manager of the	

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/17/03

Oale

(240) 744-1000

Daytime Phone #