

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M98000001505**

Entity Name  
**CMH JACKSONVILLE LLC**

APPROVED  
AND  
FILED

00 MAY 22 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Principal Place of Business  
**10400 FERNWOOD ROAD  
BETHESDA MD 20817**

2. Mailing Address  
**10400 FERNWOOD ROAD  
BETHESDA MD 20817-1109**

3. Principal Place of Business  
**6600 Rockledge Dr.**

3. Mailing Address  
**6600 Rockledge Drive**

4. Suite, Apt. #, etc.  
**Suite 600**

4. Suite, Apt. #, etc.  
**Suite 600**

5. City & State  
**Bethesda, MD**

5. City & State  
**Bethesda, Maryland**

6. FEI Number **NOT APPLICABLE**  
Applied For  
Not Applicable

7. Zip  
**20817**

8. Country  
**USA**

7. Zip  
**20817-1109**

8. Country  
**USA**

9. Certificate of Status Desired  **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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  Delete  
**MGR FRANCIS, JAMES L**  
STREET ADDRESS **10400 FERNWOOD ROAD**  
CITY-ST-ZIP **BETHESDA MD 20817**

TITLE NAME  Change  Addition  
**6600 Rockledge Drive, Suite 600**  
STREET ADDRESS **Bethesda, Maryland 20817-1109**  
CITY-ST-ZIP

TITLE NAME  Delete  
**MGR COLDEN, TRACY M**  
STREET ADDRESS **10400 FERNWOOD ROAD**  
CITY-ST-ZIP **BETHESDA MD 20817**

TITLE NAME  Change  Addition  
**6600 Rockledge Drive, Suite 600**  
STREET ADDRESS **Bethesda, Maryland 20817-1109**  
CITY-ST-ZIP

TITLE NAME  Delete  
**MGR STEMERMAN, BRUCE F**  
STREET ADDRESS **10400 FERNWOOD ROAD**  
CITY-ST-ZIP **BETHESDA MD 20817**

TITLE NAME  Change  Addition  
**Manager Steven J. Fairbanks**  
STREET ADDRESS **6600 Rockledge Drive, Suite 600**  
CITY-ST-ZIP **Bethesda, Maryland 20817-1109**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
**400003282724--4**  
STREET ADDRESS **-06/09/00--01066--002**  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
**\*\*\*\*\*50.00**  
STREET ADDRESS **RECAPITAL 5000**  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: **SIGNATURE REQUIRED** *Tracy M. J. Colden* **Tracy M. J. Colden** **240/694-2000**  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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CP12E083 (9/99)