

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001505

Entity Name  
GMH JACKSONVILLE LLC

APPROVED  
AND  
FILED

00 MAY 22 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 10400 FERNWOOD ROAD BETHESDA MD 20817	Mailing Address 10400 FERNWOOD ROAD BETHESDA MD 20817-1109
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Principal Place of Business 6600 Rockledge Dr.	3. Mailing Address 6600 Rockledge Drive
Suite, Apt. #, etc. Suite 600	Suite, Apt. #, etc. Suite 600
City & State Bethesda, MD	City & State Bethesda, Maryland
Zip 20817	Country USA
Zip 20817	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

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	Signature, typed or printed name of registered agent and title if applicable (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 10400 FERNWOOD ROAD BETHESDA MD 20817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6600 Rockledge Drive, Suite 600 Bethesda, Maryland 20817-1109 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COLDEN, TRACY M 10400 FERNWOOD ROAD BETHESDA MD 20817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6600 Rockledge Drive, Suite 600 Bethesda, Maryland 20817-1109 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEMERMAN, BRUCE F 10400 FERNWOOD ROAD BETHESDA MD 20817 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Steven J. Fairbanks 6600 Rockledge Drive, Suite 600 Bethesda, Maryland 20817-1109 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400003282724--4 -06/09/00--01066--002 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	*****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	SIGNATURE REQUIRED	Tracy M.J. Colden	240/694-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #

0013145 AF

CP2E083 (9/99)