

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M98000001505

1. Entity Name
CCMH JACKSONVILLE 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**

U000000139106
04/29/04-80103-001 700.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HARVEY, LARRY K
STREET ADDRESS	6903 ROCKLEDGE DRIVE, 15TH FLOOR
CITY-ST-ZIP	BETHESDA, MD 208171818
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	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Larry K. Harvey 3/30/04 (240) 744-1000

Date

Daytime Phone #