

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M98000001508



1. Entity Name
CCMH MIAMI AP LLC

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

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



03292004No 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**

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

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