

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

M98000001562
ROCKLEDGE HMC BN LLC

Principal Place of Business

10400 FERNWOOD ROAD
BETHESDA, MD 20817-1109

Mailing Address

10400 FERNWOOD ROAD
BETHESDA, MD 20817-1109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAR 20 PM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete

NAME PARSONS, ROBERT E. JR.

STREET ADDRESS 10400 FERNWOOD ROAD

CITY-ST-ZIP BETHESDA, MD 20817-1109

TITLE MGR ☒ Delete

NAME TOWNSEND, CHRISTOPHER G.

STREET ADDRESS 10400 FERNWOOD ROAD

CITY-ST-ZIP BETHESDA, MD 20817-1109

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE MGR ☐ Change ☒ Addition

NAME WALTER, W. EDWARD

STREET ADDRESS 10400 FERNWOOD ROAD

CITY-ST-ZIP BETHESDA, MD 20817-1109

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: *Robert E. Parsons, Jr.*

ROBERT E. PARSONS, JR., MGR

03/06/01

301-380-9000

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

Date

Daytime Phone #

CR2E083 (11/00)