

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M98000001573

1. Entity Name  
HMC AMELIA I LLC



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

Mailing Address  
6903 ROCKLEDGE DRIVE  
20817-1818  
BETHESDA, MD 20817

FILED

04 APR 30 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03292004 No Chg-LLC

CR2E083 (10/03)

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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 NAME STREET ADDRESS CITY-ST-ZIP	MGR CARNELLA, JOHN A 6903 ROCKLEDGE DRIVE, 15TH FLOOR BETHESDA, MD 208171818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTER, W. EDWARD 6903 ROCKLEDGE DRIVE, 15TH FLOOR BETHESDA, MD 208171818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERRUCI, MARK A 212 MANGUM DRIVE BEAR, DE 19701
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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50.00  
KSP

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:** \_\_\_\_\_

**John A. Carnella**

**3/30/04 (240) 744-1000**

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

Date

Daytime Phone #