

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90023 045 ****50.00

DOCUMENT # M98000001595

1. Entity Name
HMH RESTAURANTS II LLC



Principal Place of Business

**10400 FERNWOOD ROAD
SUITE 500
BETHESDA MD 20817**

Mailing Address

**10400 FERNWOOD ROAD
SUITE 500, DEPT. 72/862
BETHESDA MD 20817-1109**

2. Principal Place of Business

**6903 Rockledge Drivd
Suite, Apt. #, etc.
1500**

3. Mailing Address

**6903 Rockledge Drive
Suite, Apt. #, etc.
1500**

**City & State
Bethesda, Maryland**

**City & State
Bethesda, Maryland**

**Zip Country
20817-1818 USA**

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20817-1818 USA**

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

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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. 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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME WALTER, W. EDWARD
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6903 Rockledge Dr. #1500
CITY-ST-ZIP Bethesda, MD 20817-1818

TITLE MGR ☒ Delete
NAME PARSONS, ROBERT E JR
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☒ Change ☒ Addition
NAME MANAGER
NAME CARNELLA, JOHN A.
STREET ADDRESS 6903 Rockledge Dr. #1500
CITY-ST-ZIP Bethesda, MD 20817-1818

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

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

4/17/03

Date

(240) 744-1000

Daytime Phone #

CR2E083 (10/02)