

2001 UNIFORM BUSINESS REPORT (UBR)

0025996 AF

DOCUMENT # **M99000000007**

1. Entity Name
CCMH COURTYARD I LLC

FILED

01 FEB 12 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6600 ROCKLEDGE DR., STE. 600
BETHESDA MD 20817-1109**

Mailing Address
**6600 ROCKLEDGE DR., STE. 600
BETHESDA MD 20817-1109**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number Not Applicable
 APPLIED FOR XXX Applied For
 Not Applicable

Zip Country Zip Country

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME Delete
MGR FRANCIS, JAMES L
STREET ADDRESS
CITY-ST-ZIP
**6600 ROCKLEDGE DR., STE. 600
BETHESDA MD 20817-1109**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
MGR COLDEN, TRACEY M.J.
STREET ADDRESS
CITY-ST-ZIP
**6600 ROCKLEDGE DR., STE. 600
BETHESDA MD 20817-1109**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
**500003718045--7
-02/19/201--01035--016**

TITLE NAME Delete
MGR FAIRBANKS, STEVEN J
STREET ADDRESS
CITY-ST-ZIP
**6600 ROCKLEDGE DR., STE. 600
BETHESDA MD 20817-1109**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
*******50.00**

TITLE NAME Delete
MGR FERRUCCI, MARK A
STREET ADDRESS
CITY-ST-ZIP
**1209 ORANGE STREET
WILMINGTON DE 19801**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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 **Tracy M.J. Colden**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/7/01 240-694-0357

Date Daytime Phone #

CR2E083 (11/00)