

2001 UNIFORM BUSINESS REPORT (UBR)

0026986 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

3. Mailing Address

Suite, Apt. #, etc.

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

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003718045-7
CITY-ST-ZIP -02/19/2011-01035-016

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

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

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

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

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

Tracy M.J. Colden

2/7/01 240-694-0357

Date

Daytime Phone #

CR2E083 (11/00)