2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000007

1. Entity Name

CCMH COURTYARD I LLC

FILED

02 SEP 18 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
8405 Greensboro Dr.	8405 Greensboro Dr.
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: Suite 500
City & State: McLean, VA	City & State: McLean, VA
Zip: 22102 Country: USA	Zip: 22102 Country: 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FRANCIS, JAMES L 6600 ROCKLEDGE DR., STE. 600 BETHESDA MD 20817-1109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 8405 Greensboro Dr., Suite 500 McLean, VA 22102
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COLDEN, TRACEY M.J. 6600 ROCKLEDGE DR., STE. 600 BETHESDA MD 20817-1109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 8405 Greensboro Dr., Suite 500 McLean, VA 22102
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FAIRBANKS, STEVEN J 6600 ROCKLEDGE DR., STE. 600 BETHESDA MD 20817-1109	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Larry K. Harvey 8405 Greensboro Dr., Suite 500 McLean, VA 22102 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FERRUCCI, MARK A 1209 ORANGE STREET WILMINGTON DE 19801	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Domenic A. Borriello ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600007828096--7
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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~~ 9/10/02 571-382-1708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (4/02)

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02 SEP 18 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 746845 5152386

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 50.00

ORDER DATE : September 17, 2002

ORDER TIME : 10:35 AM

ORDER NO. : 746845-010

CUSTOMER NO: 5152386

CUSTOMER: Ms. A. B. Fox
Crestline Hotels & Resorts A
8405 Greensboro Drive
Suite 500
Mc Lean, VA 22102

RECEIVED
02 SEP 18 AM 11:46
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CCMH COURTYARD I LLC

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____