


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000013					
1. Entity Name MP OPERATING, LLC					
Principal Place of Business 11350 MCCORMICK ROAD SUITE LL4 HUNT VALLEY, MD 21030			Mailing Address 11350 MCCORMICK ROAD SUITE LL4 HUNT VALLEY, MD 21030		
2. Principal Place of Business 7125 Thomas Edison Drive Suite, Apt. #, etc. Suite 225		3. Mailing Address 7125 Thomas Edison Drive Suite, Apt. #, etc. Suite 225			
City & State Columbia, Maryland		City & State Columbia, Maryland		4. FEI Number 59-3546656	
Zip 21046		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MP OPERATING, INC. 11350 MCCORMICK ROAD, SUITE LL4 HUNT VALLEY, MD 21030		TITLE NAME STREET ADDRESS CITY - ST - ZIP	See Attached	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied on 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 R. Fallon, Jr. 2/18/05 212-424-8647		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MP OPERATING, LLC

EIN: 59-3546656

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
MP OPERATING, INC.	MGR	7125 Thomas Edison Drive, Suite 225, Columbia, Maryland 21046