

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M99000000569

1. Entity Name  
CLARK REALTY BUILDERS, L.L.C.



Principal Place of Business  
2 BETHESDA METRO CENTER  
SUITE 250  
BETHESDA, MD 20814

Mailing Address  
7500 OLD GEORGETOWN RD  
BETHESDA, MD 20814



07012005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-1955618

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00**

**Due by September 7, 2005**

U00000372241  
07/11/05-80024-012 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	FERGUSON, GLENN A
STREET ADDRESS	2 BETHESDA METRO CENTER
CITY - ST - ZIP	BETHESDA, MD 20814
TITLE	MGR
NAME	NUSSDORF, LAWRENCE C
STREET ADDRESS	2 BETHESDA METRO CENTER
CITY - ST - ZIP	BETHESDA, MD 20814
TITLE	MGR
NAME	SANDOR, DOUGLAS R
STREET ADDRESS	2 BETHESDA METRO CENTER
CITY - ST - ZIP	BETHESDA, MD 20814
TITLE	MGR
NAME	JOHNSON, W. CLEVELAND
STREET ADDRESS	2 BETHESDA METRO CENTER
CITY - ST - ZIP	BETHESDA, MD 20814
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

7/7/05 240 497 6600

Glenn Ferguson