

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90087 019 *****50.00

DOCUMENT # M99000000569

1. Entity Name

CLARK REALTY BUILDERS, L.L.C.



Principal Place of Business

**7500 OLD GEORGETOWN ROAD
BETHESDA MD 20814**

Mailing Address

**7500 OLD GEORGETOWN ROAD
BETHESDA MD 20814**

2. Principal Place of Business

2 Bethesda Metro Center

3. Mailing Address

2 Bethesda Metro Center

Suite, Apt. #, etc.

Suite 250

Suite, Apt. #, etc.

Suite 250

City & State

Bethesda, MD

City & State

Bethesda MD

Zip

20814

Country

USA

Zip

20814

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **FERGUSON, GLENN A**
STREET ADDRESS **7500 OLD GEORGETOWN ROAD**
CITY-ST-ZIP **BETHESDA MD 20814**

TITLE **MGR** ☐ Delete
NAME **MONTGOMERY, DAN T**
STREET ADDRESS **7500 OLD GEORGETOWN ROAD**
CITY-ST-ZIP **BETHESDA MD 20814**

TITLE **MGR** ☐ Delete
NAME **NUSSDORF, LAWRENCE C**
STREET ADDRESS **7500 OLD GEORGETOWN ROAD**
CITY-ST-ZIP **BETHESDA MD 20814**

TITLE **MGR** ☐ Delete
NAME **SANDOR, DOUGLAS R**
STREET ADDRESS **7500 OLD GEORGETOWN ROAD**
CITY-ST-ZIP **BETHESDA MD 20814**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2 Bethesda Metro Center**
CITY-ST-ZIP **Bethesda, MD 20814**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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 OF REGISTERED AGENT

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

Date

Daytime Phone #

CR2E083 (4/03)