Tracy - 2-13-04

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001652

1. Entity Name
OMNI-CUBE, L.L.C.

Principal Place of Business	Mailing Address
45665 WILLOW POND PLAZA STERLING, VA 20164	45665 WILLOW POND PLAZA STERLING, VA 20164

DO NOT WRITE IN THIS SPACE

02132004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
54-1767177
☐ 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

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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)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	MENCIA, JUAN
STREET ADDRESS	45665 WILLOW POND PLAZA
CITY-ST-ZIP	STERLING, VA 20164
TITLE	MEM
NAME	HINES, JERRY
STREET ADDRESS	45665 WILLOW POND PLAZA
CITY-ST-ZIP	STERLING, VA 20164
TITLE	MEM
NAME	PATTERSON, JULIEN
STREET ADDRESS	14840 CONFERENCE CENTER DR.
CITY-ST-ZIP	CHANTILLY, VA 20151
TITLE	MEM
NAME	WESSELMAN, TERRY
STREET ADDRESS	14840 CONFERENCE CENTER DR.
CITY-ST-ZIP	CHANTILLY, VA 20151
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000091860
03/18/04-80025-020 50.00

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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: Jerry T. Hines SR V-P & COO 3/12/04 703-481-9101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #