2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

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DOCUN 1. Entity Name	MENT # M99000001788	3	FILED SECRETARY OF STATE										
MEI/KAN AM II, L.L.C. Principal Place of Business Mailing Address				SECRETARY OF STATE DIVISION OF CORPORATIONS OO MAR 13 PM 1: 13									
							, morpai, race	1300 WILSON BLVD. ARLINGTON, VA 2220	#400 (SAME)			
							2. Principal Place of Business		3. Mailing Address (SAME)		_		
(SAME) Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For									
							City & State		City & State		4. FEI Number		t Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Addi Fee Required								
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Register	ed Agent								
CT CORPORATION SYSTEM													
1200 SOUTH PINE ISLAND ROAD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)									
F	PLANTATION, FL 33324												
			City		FL Zip Code	,							
8 The above	named entity submits this statement for	the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida.									
G. The above	mariod criticy sociality the statement to	and perpendicularity of	3	G ,									
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable (NC	ITE: Registered Agent signature requ	uired when reinstating) DA	ATE								
			IOWIII FEE IS \$50.0 ayable to Departmen										
9.	MANAGING MEMBEI		10.	ADDITIONS/CHANGE	GES Change	Addition							
TITLE NAME	MILLS ENTERPRISES,		TITLE NAME		online								
STREET ADDRESS CITY-ST-ZIP	(MANAGER/SOLE MEMBI		STREET ADDRESS CITY-ST-ZIP	600003184 -03/27/00	4406- -0101202	-5 24							
TITLE	ARLINGTON, VA 22209	☐ Delete	TITLE	*****50.00) 神動地構造[[A ddition							
NAME			NAME STREET ADDRESS										
STREET ADDRESS CITY-ST-ZIP	_		CITY-ST-ZIP	<u>.</u>		. <u>.</u>							
TITLE		☐ Delete	TITLE		☐ Change	Addition							
NAME STREET ADDRESS			NAME STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP	-									
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition							
NAME STREET ADORESS			NAME STREET ADDRESS	~ K									
CITY-ST-ZIP			CITY-ST-ZIP .	- Clos									
TITLE		☐ Delete	TITLE) 5	☐ Change	Addition Addition							
NAME STREET ADORESS			NAME STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP		<u></u>								
TITLE	-	☐ Delete	TITLE		☐ Change	☐ Addition							
NAME			NAME STREET ADDRESS										
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP										
and I becoke	certify that the information supplied with	this filing does not qualify	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	r certify that the in	nformation							
indiantad	on this report is true and accurate and t bility company or the receiver or trustee	hat my signature shall hav	e the same legal effect as	if made under bath: that I am a manadinu me	япрегогнападе	. OI IIIO							

3.8 SD (703)526-5000 INC. THE MANAGER OF MEI/KAN MANAGER, L.L.C.