2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001788

1. Entity Name
MEI/KAN AM II, L.L.C.

FILED
01 APR -4 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

002739 AF

Principal Place of Business	Mailing Address
1300 WILSON BOULEVARD. SUITE 400 ARLINGTON VA 22209	1300 WILSON BOULEVARD. SUITE 400 ARLINGTON VA 22209

2. Principal Place of Business		3. Mailing Address	
(same)		(same)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: NOT APPLICABLE ☐ 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

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.

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 Department of State

800003995638--0
-04/12/01--01127--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLS ENTERPRISES, INC. 1300 WILSON BLVD. ARLINGTON VA 22209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (11/00)

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.

MEI/KAN AM II, L.L.C.
BY: MILLS ENTERPRISES, INC., ITS MANAGER

SIGNATURE: Thomas E. Frost 4·2·01 (703) 526-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

THOMAS E. FROST, EXECUTIVE VICE PRESIDENT