2000 UNIFORM BUSINESS REPORT (UBR)

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FILED WL 5/2

00 MAY -2 AM 9:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Entity Name
Smith Property Holdings Aventura B L.L.C.

Principal Place of Business	Mailing Address
2345 Crystal Drive Tenth Floor Arlington, VA 22202	2345 Crystal Drive Tenth Floor Arlington, VA 22202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2345 Crystal Drive		2345 Crystal Drive	
Suite, Apt. #, etc.: Tenth Floor		Suite, Apt. #, etc.: Tenth Floor	
City & State: Arlington, VA		City & State: Arlington, VA	
Zip: 22202	Country: USA	Zip: 22202	Country: USA

4. FEI Number: 54-1713229 ☐ 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 South Hays Street
Tallahassee, FL 32301

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

[redacted]

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Charles E. Smith Residential Realty LP, Member 2345 Crystal Drive, Tenth Floor Arlington, VA 22202	☒ Delete	TITLE MGR NAME / STREET ADDRESS / CITY-ST-ZIP	Smith Property Holdings One LP, Sole Member 2345 Crystal Drive, Tenth Floor Arlington, VA 22202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/99)

13. 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] Robert Zimet, VP of Member 05/01/00 703 920-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #