FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL					
OMB Number:	3235-0362				
Estimated average burden					
hours per response	e 1.0				

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported

Form 4 Transactions

Reported

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * DERRICK JOHN M JR	2. Issuer Name and WASHINGTOI INVESTMENT	N REAL EST	ATE	ol				
(Last) (First) (Middle) 6110 EXECUTIVE BOULEVARD, SUI' 800	3. Statement for Iss (Month/Day/Year) 12/31/2010	suer's Fiscal Yea						
(Street) ROCKVILLE, MD 20852	4. If Amendment, I	Date Original Fil	ay/Year)		6. Individual or Joint/Group Reporting (check applicable line) _X_Form Filed by One Reporting Person _Form Filed by More than One Reporting Person			
(City) (State) (Zip)	Tal	ole I - Non-Deri	vative Sec	red, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transacti Date (Month/Day	on 2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)	4. Securi (A) or D (Instr. 3,	isposed o	of (D)	Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Common Stock 07/22/20	10	G ⁽¹⁾	450	D	\$ 0	22,663	D	
Common Stock 12/03/20	10	G ⁽²⁾	415	D	\$ 0	22,663	D	
Common Stock 07/22/20	10	G(1)	450	A	\$ 0	5,336	I	by Trust
Common Stock 12/03/20	10	G ⁽²⁾	415	A	\$ 0	5,336	I	by Trust

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exercisable		7. Title and		8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numl	er	and Expirati	on Date	Amou	ınt of	Derivative	of	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Secur	ities			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)
	Security				Acqu	ired			4)			Owned at	Direct (D)	
					(A) o	r						End of	or Indirect	
					Dispo	sed						Issuer's	(I)	
					of (D)						Fiscal Year	(Instr. 4)	
					(Instr	. 3,						(Instr. 4)		
					4, and	15)								
										Amount				
							D .	T		or				
								Expiration	Title	Number				
							Exercisable	Date		of				
					(A)	(D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DERRICK JOHN M JR 6110 EXECUTIVE BOULEVARD, SUITE 800 ROCKVILLE, MD 20852	X						

Signatures

By: Thomas C. Morey For: John M. Derrick, Jr.	02/14/2011	
Signature of Reporting Person	Date	

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Gift to an irrevocable trust. I am the trustee and my son is the sole beneficiary.
- (2) Gift to an irrevocable trust. My spouse and I are the co-trustees and our granddaughter is the sole beneficiary.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.