

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000278**

1. Entity Name

CRF DESIGN STUDIO LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -4 PM 5:53

Principal Place of Business C/O CONTINENTAL REALTY CORP. 17 WEST PENNSYLVANIA AVE., SUITE 500 TOWSON MD 21204	Mailing Address C/O CONTINENTAL REALTY CORP. 17 WEST PENNSYLVANIA AVE., SUITE 500 TOWSON MD 21204-5067
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-2092366		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
RYAN, JEAN A ESQ. C/O BOND, SCHOENECK & KING, P.A. 1167 THIRD STREET SOUTH NAPLES FL 34102				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 600,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F98000002431 CRF DESIGN STUDIO, INC. 17 WEST PENNSYLVANIA AVE., SUITE 500 TOWSON MD 21204	STREET ADDRESS CITY - ST - ZIP	800003215518--8 -04/20/00--01002--009 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<i>BRK 4/11</i>
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *William N. Kinneat Jr.* **WILLIAM N. KINNEAT JR.** **REQUIRE** **3/28/00** **410-296-4800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

William N. Kinneat Jr.