

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016031 AF

**DOCUMENT # B98000000278**

1. Entity Name  
**CRF DESIGN STUDIO LIMITED PARTNERSHIP**

**FILED**  
01 MAR 21 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **52-2092366** Applied For:  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**RYAN, JEAN A ESQ.  
C/O BOND, SCHOENECK & KING, P.A.  
1167 THIRD STREET SOUTH  
NAPLES FL 34102**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): **4001 North Tamiami Trail Suite 404**  
City: **Naples** State: **FL** Zip Code: **34103**

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: \_\_\_\_\_

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

**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	
DOCUMENT #	<b>F98000002431</b>
NAME	<b>CRF DESIGN STUDIO, INC.</b>
STREET ADDRESS	<b>17 WEST PENNSYLVANIA AVE., SUITE 500</b>
CITY-ST-ZIP	<b>TOWSON MD 21204</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>200003910662--8</b>
CITY-ST-ZIP	<b>03/26/01-01152-004 ****526.25 ****526.25</b>
STREET ADDRESS	
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CITY-ST-ZIP	

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: **CRF Design Studio Inc.**  
**WILLIAM N. KINNEAR JR.** (REQUIRED)  
Signature and typed or printed name of signing general partner: **William N. Kinnear Jr.**

Date: **3/19/01** Daytime Phone #: **910-296-4800**

CR2E003 (11/00)