

2002 UNIFORM BUSINESS REPORT (UBR)

0018964 AB

DOCUMENT # B98000000278

FILED

02 MAR -7 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name

CRF DESIGN STUDIO LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

**C/O CONTINENTAL REALTY CORP.
17 WEST PENNSYLVANIA AVE., SUITE 500
TOWSON MD 21204**

**C/O CONTINENTAL REALTY CORP.
17 WEST PENNSYLVANIA AVE., SUITE 500
TOWSON MD 21204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

52-2092366

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYAN, JEAN A ESQ.
4001 NORTH TAMiami TRAIL, SUITE 404
NAPLES FL 34103**

**Naples Lawdock, Inc. ✓
4501 Tamiami Trail North, Suite 300
Naples, Florida 34103-3060**

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 **John D. Humphreville, Vice President**

Signature, typed or printed name of registered agent and title if applicable.

John D. Humphreville 2/27/02

DATE

9. Capital Contributions as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

610,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F98000002431**
NAME **CRF DESIGN STUDIO, INC.**
STREET ADDRESS **17 WEST PENNSYLVANIA AVE., SUITE 500**
CITY-ST-ZIP **TOWSON MD 21204**

STREET ADDRESS **400005099414--0**
CITY-ST-ZIP **-03/13/02--01031--022**
*****526.25 ***526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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:

William H. Kinnear, Jr. 3/6/02 410-296-4800
CRF Design Studio Inc.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE