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Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P31101 (9)
 1. Corporation Name
LEGG MASON REALTY PARTNERS, INC.



Principal Place of Business Mailing Address

ATTN: AUDREY DROSSNER
111 SOUTH CALVERT STREET
BALTIMORE MD 21203-1476
US

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111 SOUTH CALVERT STREET
BALTIMORE MD 21203-1476
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/27/1990

4. FEI Number
52-1566917

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 **Attn: Audrey Drossner** 26 **100 LIGHT EST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **100 LIGHT ST.** 27 **23rd FLOOR**
 City & State City & State

23 **BALTIMORE, MD** 28 **BALTIMORE, MD**
 Zip Country Zip Country

24 **21203** 25 **USA** 29 **21203** 30 **USA**

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HIMELFARB, RICHARD J.	
STREET ADDRESS	111 SOUTH CALVERT ST.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	DROSSNER, AUDREY B.	
STREET ADDRESS	111 SOUTH CALVERT ST.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KLEINPASTE, ROBERT T.	
STREET ADDRESS	111 SOUTH CALVERT ST.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HIMELFARB, RICHARD J.	
1.3 STREET ADDRESS	100 LIGHT ST.	
1.4 CITY-ST-ZIP	BALTIMORE, MD 21203	
2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DROSSNER, AUDREY B.	
2.3 STREET ADDRESS	100 LIGHT ST., 23rd FLOOR	
2.4 CITY-ST-ZIP	BALTIMORE, MD 21203	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GERARD F. PETRIK, JR.	
3.3 STREET ADDRESS	100 LIGHT ST.	
3.4 CITY-ST-ZIP	BALTIMORE, MD 21203	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Audrey B. Drossner* *111 529-4177*

CR2E034 (10/97)