

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -8 PM 2:47

1. Name of Limited Partnership

1a. DOCUMENT #
A26952

CASA DEL MAR ASSOCIATES LIMITED PARTNERSHIP

Mailing Address

8065 LEESBURG PIKE, SUITE 400
VIENNA VA 22182

Principal Office Address

8065 LEESBURG PIKE, SUITE 400
VIENNA VA 22182

3. Date Formed or Registered

08/26/1988

5a. Capital Contributions as
Shown on record

\$6,801,572.00

3a. Date of Last Report

12/27/1996

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

2. Mailing Address

1225 Eye Street, NW

Suite, Apt. #, etc.

Suite 200

City & State

Washington DC

Zip

20005

Country

USA

2a. Principal Office Address

1225 Eye Street, NW

Suite, Apt. #, etc.

Suite 200

City & State

Washington DC

Zip

20005

Country

USA

6. FEI Number

62-1365271

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

~~MANQUY, DAVID~~
~~6500 WEST SUNRISE BLVD.~~
~~PLANTATION FL 33322~~

10. If changed, new Registered Agent/Office

Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST.
Suite, Apt. #, etc.

TALLAHASSEE

FL

Zip Code
32301

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Gail Shelby, As Agent DATE 4/8/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

CASA DEL MAR, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

8065 LEESBURG PIKE, S
1225 Eye Street, NW
suite 200

11b. City, State & Zip Code

VIENNA VA 22182
Washington, DC
20005

11c. Registration/
Document Number

K31829

800002482428--8

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Delores Huston

DATE

4/6/98

Typed or Printed Name of General Partner Signing Form

Delores Huston, Asst. Secretary

Daytime Telephone Number

202-216-2940

CR2E003 (6/97)



ACCOUNT NO. : 072100000032

REFERENCE : 773048 - 7143669

AUTHORIZATION : *Patricia P. [signature]*

COST LIMIT : \$ 526.25

ORDER DATE : April 7, 1998

ORDER TIME : 10:02 AM

ORDER NO. : 773048-020

CUSTOMER NO: 7143669

CUSTOMER: Delores Huston, Legal Asst
Nchp
1225 Eye Street, NW
Suite 200
Washington, DC 20005

ANNUAL REPORT FILING

NAME: CASA DEL MAR ASSOCIATES
LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Nicole McClendon

EXAMINER'S INITIALS: _____

RECEIVED
CSC CORPORATION
APR 10 1998
AM 10:45