


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A27036 1. Entity Name CRICO HOTEL ASSOCIATES I, LIMITED PARTNERSHIP					
Principal Place of Business 11200 ROCKVILLE PIKE ROCKVILLE MD 20852		Mailing Address 11200 ROCKVILLE PIKE ROCKVILLE MD 20852			
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 52-1560033 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title, if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. \$250.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	P21645			STREET ADDRESS	
NAME	C.R.I., INC.			CITY - ST - ZIP	
STREET ADDRESS	11200 ROCKVILLE PIKE				
CITY - ST - ZIP	ROCKVILLE MD				
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
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CITY - ST - ZIP					



1ST MOORE CR2E003 (10/04)

FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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04/18/05-80137-025 141.25

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:  **Randolph E. Lee, Jr.** 04/01/05 301-468-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #