A95000000195

GENESIS FUND LIMITED PARTNERSHIP

Ryan K. Jones, Sole General Partner
9022 N.W. 45th Court
Sunrise, Florida 33351

February 1, 1995

100001403011
-02/10/95--01044--006
****752.50 ****752.50

Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Re: Limited Partnership Filing Papers

To Whom It May Concern:

Enclosed are the necessary forms to file the Genesis Fund Limited Partnership. Also included is a check in the amount of $752.50 which includes a $7.00 fee per $1,000.00 anticipated limited partner contributions as well as $52.50 for a certified copy. If you have any questions, please contact Ryan Jones, sole General Partner at (305) 741-5909. Thank you for your time.

Sincerely,

Ryan K. Jones
Sole General Partner

FILED
1995 FEB -1 AM 11:01

Name 2/9/94
Availability des

Document
Examiner

A95000000195

TC
$100,000.00
C. TAX
735.00
17.50

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. Genesis Fund Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 9022 N.W. 45th CT Sunrise, Fl 33351
(The Business Address of Limited Partnership)

3. Ryan K. Jones
(Name of Registered Agent for Service of Process)

4. 9022 N.W. 45th CT Sunrise, Fl 33351
(Florida Street Address for Registered Agent)

5. Ryan K. [illegible]
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. 9022 N.W. 45th CT. Sunrise, Fl 33351
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is Jan 1, 1998.

8. NAME OF GENERAL PARTNER(S) — SPECIFIC ADDRESS

Ryan Jones	9022 N.W. 46th CT Sunrise Fl 33351

Signed this 26th day of January, 1995.
Signature of all general partners:

Ryan K. Zinn
General Partner

General Partner

General Partner

General Partner

General Partner

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1995 FEB -1 AM 11:01

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Genesis Fund Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ #25,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ #100,000.

This 26th day of January, 19 95.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I(we) have read the foregoing and that the facts alleged are ture, to the best of my knowledge and belief.

Ryan L. Jan
General Partner

General Parnter

General Partner

General Partner

General Partner

General Partner

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

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

1. Name of Limited Partnership

1a. DOCUMENT # A93000000195

CRICO OF OCEAN WALK LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

Suite, Apt. # etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. # etc.

City, State & Zip

Mailing Address	Principal Office Address
11200 ROCKVILLE PIKE	11200 ROCKVILLE PIKE
ROCKVILLE MD 20852	ROCKVILLE MD 20852

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
03/12/1993	11/23/1994	FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$0.00	0	52-1814754	Applied For / Not Applicable ($5.00 Additional Fee required. Check for a Certificate of Status)

8. **FEES:** 1.) Filing Fee. Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplement affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. **Name and Address of Current Registered Agent**

THE PRENTICE-HALL CORPORATION SYSTER,INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

nyc 12/29

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City | FL | Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CRICO OF OCEAN WALK, INC.	11200 ROCKVILLE PIKE	ROCKVILLE MD 20852	F93000000965

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)(i), Fla. Stat. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) 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; 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.

By: CRICO of Ocean Walk, Inc. its General Partner

SIGNATURE By: Mary F. Stoddard DATE 12/20/95

Its: Assistant Vice President

Typed or Printed Name of General Partner Signing Form MARY F. STODDARD for CRICO of Ocean Walk, Inc. Telephone Number 301 468-9200

CR2E003 (6/95)

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