

A 95000000195

GENESIS FUND LIMITED PARTNERSHIP

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

February 1, 1995

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

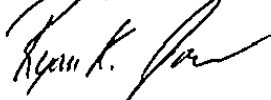
1000001 401301 1
-02/10/95--01044--006
***752.50 ***752.50

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 21 11:01

Name	2/1/95
Availability	dog
Document	
Estimate	

TC
\$100,000.00
C. TAX

735.00
1750

A 95000000195

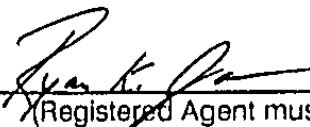
CERTIFICATE OF LIMITED PARTNERSHIP
OF

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. 
(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. 45th CT Sunrise, FL
33351

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

Ryan K. Law
General Partner

General Partner

General Partner

General Partner

General Partner

FILED
1995 FEB -1 7/11:01
DA

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 true, to the best of my knowledge and belief.

Ryan L. Dan
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

1995
JAN - 11
10:11:01

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
TAMARA M. ZIMMERMAN
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC 20 11 21
TALLAHASSEE, FL
DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
In. DOCUMENT #
A93000000195

CRICO OF OCEAN WALK LIMITED PARTNERSHIP

Mailing Address
11200 ROCKVILLE PIKE
ROCKVILLE MD 20852

Principal Office Address
11200 ROCKVILLE PIKE
ROCKVILLE MD 20852

2. New Mailing Address, if Applicable
200001-678182
Sole Apt # etc. -01/04/96--0122--017
City State & Zip *****191-25 *****191-25

2a. New Principal Office Address, if Applicable
Sole Apt # etc.
City State & Zip

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

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

5a. Capital Contributions as Shown on Record \$0.00
5b. Amount of Capital Contributions in FLORIDA to date
6. FEI Number 52-1814754

7. CERTIFICATE OF STATUS REQUIRED
Applied For
Not Applicable
\$5.75 Additional Fee required 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: \$134.75 (pursuant to section 607.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$11.25 (\$52.50 + \$134.75) AND NO MORE THAN \$576.25 (\$437.50 + \$134.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental 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

10. If changed, new Registered Agent/Office
Name
Street Address
City State & Zip
FL

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. Registrant's 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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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 I made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to file this report as required by chapter 620, Florida Statutes.

By: CRICO of Ocean Walk, Inc. its General Partner
SIGNATURE By: Mary F. Stoddard
Is: 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
DATE 12/20/95

CR2E003 (6/95)