

A 95000001297

Tel 301-201-0000

FALLER MANAGEMENT CO., INC.

5307 RANDOLPH ROAD
ROCKVILLE, MARYLAND 20852

July 25, 1995

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

Re: CRS Limited Partnership,
a Florida limited partnership
FEI# Applied For

Gentlemen:

Please register the above referenced partnership as a Florida limited partnership authorized to do business in the State of Florida and send us a Certified copy of its Registration. Our check in the amount of One Hundred Forty (\$140.00) dollars in payment thereof is enclosed.

Enclosed please find the following documents

Certificate of Limited Partnership, CRS Limited Partnership
Acceptance of Designation Registered Agent/Registered Office
Affidavit of Capital Contributions

Very truly yours,


Bruce J. Teck

900001558969
-08/15/95--01034--002
****140.00 ****140.00

FILED
1995 AUG 31 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	8/16/95
Availability	
Document	
Examiner	DCC
Updater	DCC
Updater	
Verifier	DCC
Acknowledgement	DCC
M. P. Verdyer	DCC

TC
\$2,000.00

W95000016503

A95000001297

CRSLPS#2.WPS

Tel 301-231 9000

FALLER MANAGEMENT CO., INC.

8307 RANDOLPH ROAD
ROCKVILLE, MARYLAND 20852

August 24, 1995

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

Re CRSC Limited Partnership,
a Florida limited partnership
FEI# Applied For

Gentlemen

Enclosed please find the amended registration documents for the above referenced limited partnership which was originally filed as CRS Limited Partnership. Please register the limited partnership as a Florida limited partnership authorized to do business in the State of Florida and send us a Certified copy of its Registration. Our check in the amount of One Hundred Forty (\$140.00) dollars in payment thereof was previously sent to you in the original filing. A copy of your letter advising us that the CRS name was not available is enclosed.

Enclosed please find the following documents:

Certificate of Limited Partnership, CRSC Limited Partnership
Acceptance of Designation Registered Agent/Registered Office
Affidavit of Capital Contributions

Very truly yours,


Bruce J. Teck



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 16, 1995

BRUCE J. TECK
FALLER MANAGEMENT CO., INC.
5307 RANDOLPH ROAD
ROCKVILLE, MD 20852

SUBJECT: CRS LIMITED PARTNERSHIP
Ref. Number: W95000016503

We have received your document for CRS LIMITED PARTNERSHIP and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 195A00038406

CERTIFICATE OF LIMITED PARTNERSHIP

CRSC ~~CRS~~ LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, certify as follows:

CRSC 1. **Name of Limited Partnership.** The name of the Limited Partnership is ~~CRS~~ Limited Partnership.

2. **Office for Maintenance of Business Records.** The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620.105 and 620.106 of the Florida Statutes, is 3880 Rum Row, Naples, Florida 33940.

3. **Agent for Service of Process.** The name and address of the Partnership's agent for service of process in Florida is Charles S. Fallor, Jr. 3880 Rum Row, Naples, Florida 33940.

4. **General Partners.** The name and business address of each General Partner in the Limited Partnership is as follows:

<u>Name</u>	<u>Business Address</u>
Charles S. Fallor, Jr.	3880 Rum Row Naples, Florida 33940
Charles S. Fallor III	5307 Randolph Road Rockville, MD 20852
Samuel J. Fallor	5307 Randolph Road Rockville, MD 20852
Robert O. Fallor	1965 River Reach Dr. #226 Naples, Florida 33942

5. **Address of Partnership.** The mailing address of the Limited Partnership is 3880 Rum Road, Naples, Florida 33940.

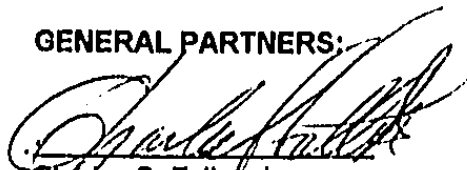
FILED
1995 AUG 31 PM 12:00
SECRET
TALLAHASSEE, FLORIDA

6. **Date of Dissolution.** The latest date on which the Limited Partnership is to dissolve is December 31, 2050

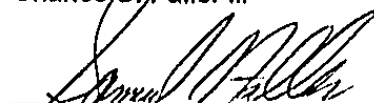
Dated:

July 11, 1995

GENERAL PARTNERS:


Charles S. Fallor, Jr.


Charles S. Fallor III

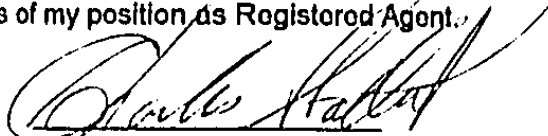

Samuel J. Fallor


Robert O. Fallor

FILED
1995 AUG 31 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

I, the undersigned person, having been named as Registered Agent and to accept service of process for the above-stated Limited Partnership at the place designated in this Certificate, hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Charles S. Fallor, Jr.

Date July 11, 1995

FILED
1995 AUG 31 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the General Partners of
CRSC ~~ORR~~ Limited Partnership, certify as follows:

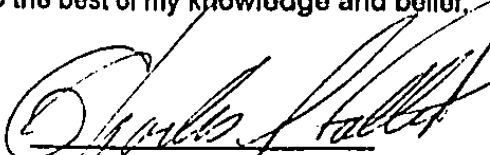
The amount of capital contributions to date of the Limited Partners is
\$2,000.00.

The total amount contributed and anticipated to be contributed by the
Limited Partners at this time Totals \$2,000.00.


Dated this 11th day of July, 1995.

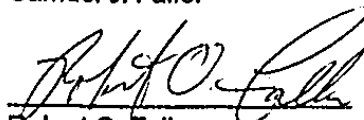
FURTHER AFFIANT SAYETH NAUGHT.

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


Charles S. Faller, Jr.


Charles S. Faller III


Samuel J. Faller


Robert O. Faller

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995 AUG 31 PM 12:00

FILED

State of *Maryland*)

County (City) of *Montgomery*)

On this the 21st day of July, 1995, before me,
the undersigned officer, personally appeared Charles S. Fallor,
Jr., known to me (or satisfactorily proven) to be the person whose name is subscribed to the
within instrument and acknowledged that he executed the same for the purposes therein
contained.

In witness whereof I hereunto set my hand and official seal.

Mary J. Norwood
Notary Public

[Notarial Seal]

My Commission expires:
MARY J. NORWOOD
NOTARY PUBLIC, STATE OF MARYLAND
My Commission Expires September 17, 1995

State of *Maryland*)

County (City) of *Montgomery*)

On this the 21st day of July, 1995, before me,
the undersigned officer, personally appeared Charles S. Fallor,
III, known to me (or satisfactorily proven) to be the person whose name is subscribed to the
within instrument and acknowledged that he executed the same for the purposes therein
contained.

In witness whereof I hereunto set my hand and official seal.

Mary J. Norwood
Notary Public

[Notarial Seal]

My Commission expires:
MARY J. NORWOOD
NOTARY PUBLIC, STATE OF MARYLAND
My Commission Expires September 17, 1995

State of *Maryland*)

County (City) of *Montgomery*)

On this the 21st day of July, 1995, before me,
the undersigned officer, personally appeared Samuel J. Fallor,
known to me (or satisfactorily proven) to be the person whose name is subscribed to the within
instrument and acknowledged that he executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Mary J. Norwood
Notary Public

[Notarial Seal]

My Commission expires:

MARY J. NORWOOD
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires September 17, 1995

State of Maryland)
County (City) of Montgomery)

On this the 21st day of July, 1995, before me,
the undersigned officer, personally appeared Robert O. Fallor,
known to me (or satisfactorily proven) to be the person whose name is subscribed to the within
instrument and acknowledged that he executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Mary J. Norwood
Notary Public

[Notarial Seal]

My Commission expires:

MARY J. NORWOOD
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires September 17, 1995

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Candice McArthur
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 FEB 21 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1n. DOCUMENT #
A95000001297

CRSC LIMITED PARTNERSHIP

Using Address
3880 RUM ROAD
NAPLES FL 33940

Post paid Office Address
3880 RUM ROAD
NAPLES FL 33940

3. Date of closing of the period for the business year
FLORIDA
08/31/1995

3n. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as shown on the report
\$2,000.00

5b. Amount of Capital Contributions in
FLORIDA for the
2,000.00

6. FEI Number
52 1946899

Applied Fee
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
\$167.75 Additional Fee Required
for Certificate of Status
X

8. FEES: 1) Filing Fee: Computed at a rate of \$2 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 607.191, F.S.)
THE AMOUNT DUE SHALL BE \$138.75 (1995) + \$138.75 (1996) + \$138.75 (1997) = \$416.25 (1995) + \$138.75 (1996) = \$555.00
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental filing fee must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

2-22

9. Name and Address of Current Registered Agent

FALLER, CHARLES S JR
3880 RUM ROW
NAPLES FL 33940

10. If a changed new Registered Agent Office

Name
Street Address (P.O. Box Number is Also Accepted)
7000001722477
-02/23/96--01033--027
Fees: Apt # 00
****200.00 ****200.00
City
FL Zip Code

10n. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above current limited partnership organized or being closed 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 my stated agent. I am familiar with and accept the obligations of sections 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

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)

11a. Address of Each General Partner
(If 11a is not Post Office Box Registered)

11b. City, State & Zip Code

11c. Registered
Document Number

FALLER, CHARLES S JR
FALLER, CHARLES S III
FALLER, SAMUEL J
FALLER, ROBERT O

3880 RUM ROW
5307 RANDOLPH ROAD
5307 RANDOLPH ROAD
1965 RIVER REACH DR.,

NAPLES FL 33940
ROCKVILLE MD 20852
ROCKVILLE MD 20852
NAPLES FL 33942

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, to 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

Charles S. Faller III

DATE 2/14/96

Type of the last Name of General Partner Signing Form

Charles S. Faller III

Telephone Number (351) 231-6000

A95000001297

FALLER MANAGEMENT CO., INC.

5307 RANDOLPH ROAD
ROCKVILLE, MARYLAND 20852

800001746988
-03/18/96--01056--007
*****52.50 *****52.50

FILED
96 MAR 14 PM 1:00
STATE
TALLAHASSEE, FLORIDA

A95000001297

Name	
Availability	
Document	
Examiner	
Unit	100
Number	
Version	000
Access	000
Work	000

NO withdrawing

C. TAX _____
FEE _____ 52.50
DUE DATE _____
C. _____
N. _____
DUE DATE _____
REFUND _____



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 1, 1996

FALLER MANAGEMENT CO., INC.
5307 RANDOLPH ROAD
ROCKVILLE, MD 20852

SUBJECT: CRSC LIMITED PARTNERSHIP
Ref. Number: A95000001297

We have received your document for CRSC LIMITED PARTNERSHIP, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 996A00009243

AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

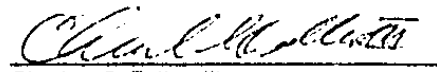
CRSC Limited Partnership

Pursuant to the provisions of section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on August 31, 1995, adopts the following certificate of amendment to its certificate of limited partnership:

FIRST: Amendment whereby Samuel J. Faller retires and withdraws as a general partner

SECOND: This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signature of current general partner


Charles S. Faller, III

FILED
96 MAR 14 PM 1:00
TALLAHASSEE, FLORIDA