

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

FILED

98 FEB 26 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000001297

CRSC LIMITED PARTNERSHIP



Mailing Address

3880 RUM RD  
NAPLES FL 33940

Principal Office Address

5307 RANDOLPH RD #2  
ROCKVILLE MD 20852

3. Date Formed or Registered

08/31/1995

5a. Capital Contributions as  
Shown on record.

\$2,000.00

3a. Date of Last Report

01/15/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

340,955.00

4. State or Country of Formation

FL

2. Mailing Address

5307 RANDOLPH RD  
Suite, Apt. #, etc.  
#2

2a. Principal Office Address

5307 RANDOLPH RD #2  
Suite, Apt. #, etc.

City & State

ROCKVILLE, MD

City & State

ROCKVILLE MD

Zip

20852

Zip

20852

6. FEI Number

52-1946899

☐ 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

FALLER, CHARLES S JR  
3880 RUM ROW  
NAPLES FL 33940

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is not acceptable)

3880 RUM ROW

Suite, Apt. #, etc.

02/26/98 01007-007

City

\*\*\*\*\*535.00 \*\*\*\*\*535.00

FL

Zip Code

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)

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  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registry/  
Document Number

FALLER, CHARLES S JR

5307 RANDOLPH ROAD

ROCKVILLE MD 20852

FALLER, CHARLES S III

5307 RANDOLPH ROAD

ROCKVILLE MD 20852

FALLER, ROBERT O

1965 RIVER REACH DR.,

NAPLES FL 33942

dec

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

*Charles S. Faller*

DATE

2/17/98

CR2E003 (12/97)