

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** A95000001297

**1. Entity Name**  
CRSC LIMITED PARTNERSHIP

FILED

**Principal Place of Business**  
5307 RANDOLPH RD #2  
ROCKVILLE MD 20852

**Mailing Address**  
3880 RUM RD  
NAPLES FL 33940

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
5307 RANDOLPH RD.  
Suite, Apt. #, etc.

**City & State**  
Rockville MD

**Zip** 20852 **Country**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 52-1946899 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
FALLER, CHARLES S JR  
3880 RUM ROW  
NAPLES FL 33940

**7. Name and Address of New Registered Agent**  
RICHARD YOVANOVICH, ESQ.  
GOODLETTE, COLEMAN & JOHNSON, P.A.  
NORTHERN TRUST BANK BUILDING  
4001 TAMiami TRAIL NORTH  
NAPLES, FL 34103

**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.**

**SIGNATURE** **RICHARD D. YOVANOVICH** **2/21/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. Capital Contributions as Shown on record.** \$340,955.00 **10. Amount of Capital Contributions in FLORIDA to date.**

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	FALLER, CHARLES S JR	STREET ADDRESS	
NAME	5307 RANDOLPH ROAD	CITY-ST-ZIP	
STREET ADDRESS	ROCKVILLE MD 20852		
CITY-ST-ZIP			
DOCUMENT #	FALLER, CHARLES S III	STREET ADDRESS	
NAME	5307 RANDOLPH ROAD	CITY-ST-ZIP	
STREET ADDRESS	ROCKVILLE MD 20852		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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**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:** **CHARLES S. FALLER III** **2/20/01** **301 231 6000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)