


2001 UNIFORM BUSINESS REPORT (UBR)

0004767 AF

DOCUMENT # A98000002644
1. Entity Name
 CRP ONE LTD. PARTNERSHIP

FILED
 01 FEB 15 AM 11:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business **Mailing Address**
 % DAVID GRAUL, FIRST NAT'L BANK OF S MIAMI % DAVID GRAUL, FIRST NAT'L BANK OF S MIAMI
 5750 SUNSET DR. 5750 SUNSET DR.
 MIAMI FL 33143 MIAMI FL 33143

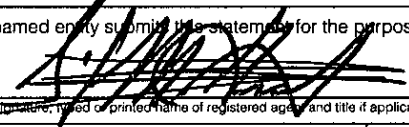
2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **Applied For**
 65-0883683 Not Applicable

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

6. Name and Address of Current Registered Agent
 FIRST NATIONAL BANK OF SOUTH MIAMI
 5750 SUNSET DRIVE
 MIAMI FL 33143

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent or both, in the State of Florida.
 SIGNATURE:  **David M. Graul**
 Vice President and Senior Trust Officer DATE: 2-8-01

9. Capital Contributions as Shown on record. \$4,000,000.00 **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

DOCUMENT #	P98000060339
NAME	CRP CORPORATION
STREET ADDRESS	260 HARBOR DRIVE
CITY-ST-ZIP	KEY BISCAYNE FL 33149
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	400003744814--5 -02/21/01--01032--008 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **DAVID GRAUL**
 PARTNER Date: 3/5/02

CR2E003 (11/00)