2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SECRETARY OF STATE DOCUMENT # B98000000555 DIVISION OF CORPORATIONS CRF SPRINGS PLAZA LIMITED PARTNERSHIP 04 MAR -8 PM 4: 02 Principal Place of Business Mailing Address C/O CONTINENTAL REALTY CORP. C/O CONTINENTAL REALTY CORP. -17 WEST PENNSYLVANIA AVE., 5TH FLOOR-~17-WEST-PENNSYLVANIA AVE., 5TH FLOOR TOWSON, MD: 21204-TOWSON, MD-21204-2. Principal Place of Business 3. Mailing Address 1427 Clarkview Rol 427 Clarkview Rd. 03032004 Chg-LP CR2E003 (10/03) xi te City & State City & State 4. FEI Number Applied For altimore M 52-2105904 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NAPLES LAWDOCK, INC. Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TRAIL N., SUITE 300 NAPLES, FL 34103-3060 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lyped or printed name of registered agent and title if applicable 10. Amount of Capital Contributions 10. ORIDA to date. 11.950,000 DATE 9. Capital Contributions \$5,000,000.00 as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTÉRED 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # F98000005079 STREET ADDRESS 1427 Clarkview Rd, Suite500 NAME CRF SPRINGS PLAZA, INC. STREET ADDRESS 17 WEST PENNSYLVANIA AVE., 5TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **TOWSON, MD 21204** DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 400031188214 CITY-ST-ZIP 93/25/84 -81832 -814 **528.25 DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

"William H. Kinnear, Jc. UP

MINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

SIGNATURE AND TYPED OF