FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 FEB 16 AH 10: 37

Name of Limited Partnership	B9800000595			St Cristaich un State Thumhirian an Airte an Airteann an an an			
CRF GULF SHORE LIMITED PA	ARTNERSHIP			i isahirbi idir idiki bahir bahir -		1811 1816 1111 1814 1811 181 1811 1816 1817 1817 1817 1817 1817	
Meiling Address 17 WEST PENINSYLVANIA AVE 5TH FLOOR TOWSON MD 21204	Principal Office Address 17 WEST PENNSYLVANIA AVE STH FLOOR TOWSON MD 21204 2a. Principal Office Address			3. Date Formed or Registered 10/08/1998 3a. Date of Last Report		5a. Capital Contributions as Shown on record \$5,000,000.00	
2. Mailing Address			4	State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date No N &		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6	6, FEI Number Applied For Not Applicable			
Zip Country	Zip Country			Certificate of Status Desired Make check payable to Dept of	\$8.75 Additional Fee Required If State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office Name				
		Streel Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City FL Zip Code and limited partnership organized or registered under the laws of the State of Florida, submits this statementia. Such change was authorized by its general partner(s). I hereby accept the appointment of registered				la, submits this statement	
SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT	IS A CORPORATION,	LIMITED	PARTN	IERSHIP OR OTH	ER BUS	INESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
CONTINENTAL REALTY INVESTORS	17 WEST PENNSYLVANIA		TOWSON MD 21204		F9700005799 - 1		
• \$				7~1'			
Note: General partners MAY NOT 12. I do hereby certify that the information supplied with this from any liability of non-compliance with Section 119.0 is true and accurate and that my signature shall have to execute this report as required by chapter 620, Florida	s fling is voluntarily furnished and does not 7(3)(k) in the event that the information sug- ne same legal effects as if made under oal Statutes.	qualify for the ex oplied is deemed	xemption stated exempt from p	in Section 119 07(3)(k), Florida Stublic access. I further certify that the	atutes. I release e information in	the Division of Corporations dicated on this annual report	

SIGNATURE William Signing Form William N. Kinnear Jon Daytime Telephone Number 410-296-4800