

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000595

1. Entity Name

CRF GATEWAY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -4 PM 5: 58



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 17 WEST PENNSYLVANIA AVE., 5TH FLOOR, TOWSON MD 21204
Mailing Address: 17 WEST PENNSYLVANIA AVE., 5TH FLOOR, TOWSON MD 21204-5016

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **52-2187453** APPLIED FOR
Applied For / Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RYAN, JEAN A ESQ.
C/O BOND, SCHOENECK & KING, P.A.
1167 THIRD STREET SOUTH
NAPLES FL 34102

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 office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$5,000,000.00**
10. Amount of Capital Contributions in FLORIDA to date. **2,500,000.00**
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 # | F99000004468 |
| NAME | CRF GATEWAY, INC. |
| STREET ADDRESS | 17 WEST PENNSYLVANIA AVE., 5TH FLOOR |
| CITY - ST - ZIP | TOWSON MD 21204 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| 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 | 000002215580--6 |
| CITY - ST - ZIP | -04/20/00--01002--022 |
| STREET ADDRESS | ****525.25 ****525.25 |
| CITY - ST - ZIP | 4/14 |
| 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: **WILLIAM N. KINLAR JR.** **CRF Gateway Inc. 68**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date: **3/29/00** Daytime Phone #: **410-296-4800**

CR2E003 (9/99)