

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001164 (0)

1. Corporation Name
CRLP CORPORATION

Principal Place of Business
% ARES REALTY CAPITAL, INC.
5775-E GLENRIDGE DR #100
ATLANTA GA 30328

Mailing Address
% ARES REALTY CAPITAL, INC.
5775-E GLENRIDGE DR #100
ATLANTA GA 30328-5380

3. Date Incorporated or Qualified 03/07/1996	3a. Date of Last Report
4. FEI Number Applied For	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent C, T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REECE, T KEVIN	1.2 NAME	
STREET ADDRESS	111 RIDGETREE LN	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MARIETTA GA 30068	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENARDO, STEPHEN	2.2 NAME	
STREET ADDRESS	163 BARNCROFT RD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	STAMFORD CT 06902	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNALD, BRUCE C	3.2 NAME	
STREET ADDRESS	748 SHARP MOUNTAIN CREEK	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MARIETTA GA 30067	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, R KENT	4.2 NAME	
STREET ADDRESS	172 CARRIAGE TRACE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MARIETTA GA 30068	4.4 CITY-STATE-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURL, VICTORIA A	5.2 NAME	
STREET ADDRESS	7867 NICHOLSON RD	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CUMMING GA 30130	5.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPPOLITO, RICHARD A	6.2 NAME	
STREET ADDRESS	5820 BROOKGREEN RD	6.3 STREET ADDRESS	
CITY-STATE-ZIP	ATLANTA GA 30328	6.4 CITY-STATE-ZIP	

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 4-30-97 DAYTIME PHONE: 404 355-3870

CR2E034 (9/96)