


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90033 047 ***150.00

DOCUMENT # F98000005079	
1. Entity Name CRF SPRINGS PLAZA, INC.	

Principal Place of Business % CONTINENTAL REALTY CORP. 17 W PENNSYLVANIA AVE., 5TH FLOOR TOWSON, MD 21204	Mailing Address % CONTINENTAL REALTY CORP. 17 W PENNSYLVANIA AVE., 5TH FLOOR TOWSON, MD 21204
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54015354

2. Principal Place of Business 1427 Clarkview Road Suite 500 Baltimore MD 21209	3. Mailing Address 1427 Clarkview Road Suite 500 Baltimore MD 21209
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03032004 Chg-P CR2E034 (10/03)

4. FEI Number 52-2105903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAPLES LAWDOCK, INC 4501 TAMiami TRAIL N STE 300 NAPLES, FL 34103	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

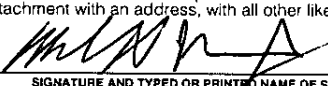
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD LUETKEMEYER, JOHN A JR 17 W PENNSYLVANIA AVENUE, 5TH FLOOR TOWSON, MD 21204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1427 Clarkview Road Suite 500 Baltimore MD 21209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCVS SCHAPIRO, MARK J 17 W PENNSYLVANIA AVENUE, 5TH FLOOR TOWSON, MD 21204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1427 Clarkview Road Suite 500 Baltimore MD 21209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KINNEAR, WILLIAM J JR 17 W PENNSYLVANIA AVENUE, 5TH FLOOR TOWSON, MD 21204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1427 Clarkview Road Suite 500 Baltimore MD 21209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  William H. Kinnear, Jr. 3/5/04 410-296-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #