## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # F99000004469** 03-16-2004 90023 016 \*\*\*150.00 1. Entity Name CRF RIVER REACH, INC. Principal Place of Business Mailing Address 94030485 C/O CONTINENTAL REALTY CORP. C/O CONTINENTAL REALTY CORP 17 WEST PENNSYLVANIA AVENUE, 5TH FLOOR -17-WEST-PENNSYLVANIA AVENUE, 5TH FLOOR-TOWSON, MD-21204 JOWSON, MD-21204-3. Mailing Address 2. Principal Place of Business 03032004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For 52-2187458 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAPLES LAWDOCK, INC Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TRAIL N **STE 300** NAPLES, FL 34103 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ÌΝTLE PTCD Delete TITLE LUETKEMEYER, JOHN A JR. NAME NAME 1427 Clarkview Rd. Suite 500 17 WEST PENNSYLVANIA AVE., 5TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TOWSON, MD 21204** CITY-ST-ZIP Baltimore, MD 21209 VSD TITLE ☐ Delete TITLE NAME SCHAPIRO, J. MARK NAME 1427 Clarkview Rd. Suite 500 STREET ADDRESS 17 WEST PENNSYLVANIA AVE., 5TH FLOOR STREET ADDRESS Baltimore, MD 21209 CITY-ST-ZIP TOWSON, MD 21204 CITY-ST-ZIP VAS ☐ Delete TITLE TITLE 1427 Clarkview Rd. Suite 500 KINNEAR, WILLIAM HUR. NAME NAME STREET ADDRESS STREET ADDRESS 17 WEST PENNSYLVANIA AVE., 5TH FLOOR Baltimore, MD 21209 CITY-ST-ZIP TOWSON, MD 21204 CITY-ST-ZIP TITLE Delete TIT) F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 4 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 William N. Kinnear, Jr 3/8/04 410-296 changed, or on an attachment with an address, with all other like empowered.

**FILED** Mar 16, 2004 8:00 am