

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90039 022 \*\*\*\*\*50.00

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**DOCUMENT # L00000011008**

1. Entity Name

**CRF NBTC PROPERTY, LLC**

Principal Place of Business

**17 WEST PENNSYLVANIA AVE., SUITE 500  
TOWSON MD 21204**

Mailing Address

**17 WEST PENNSYLVANIA AVE., SUITE 500  
TOWSON MD 21204**

2. Principal Place of Business

**17 W. Pennsylvania Ave.**

Suite, Apt. #, etc.  
**Suite 500**

City & State  
**Towson MD**

Zip  
**21204**

Country

3. Mailing Address

**17 W. Pennsylvania Ave.**

Suite, Apt. #, etc.  
**Suite 500**

City & State  
**Towson MD**

Zip  
**21204**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**52-2265498**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RYAN, JEAN ESQ.  
BOND, SCHOENECK & KING, P.A.  
4001 NORTH TAMiami TRAIL, SUITE 404  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

**Naples Lawdock, Inc.  
4501 Tamiami Trail North, Suite 300  
Naples, Florida 34103-3060**

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 **John D. Humphreys, Vice President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CONTINENTAL REALTY INVESTORS CORP.  
17 WEST PENNSYLVANIA AVE., STE 500  
TOWNSON MD 21204**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **William N Kinnear Jr** 3/5/02 410-296-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)