

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-20-2002 90039 024 \*\*\*\*\*50.00

**DOCUMENT # L00000011016**

1. Entity Name

**CRF NBTC UNITS, LLC**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**17 West Pennsylvania Ave.  
Suite, Apt. #, etc.  
STE 500**

3. Mailing Address

**17 West Pennsylvania Ave.  
Suite, Apt. #, etc.  
Suite 500**

City & State

**Towson MD**

City & State

**Towson MD**

Zip

**21204**

Country

Zip

**21204**

Country

4. FEI Number

**52-2265497**

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. Humphreville, 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	<b>MGR CONTINENTAL REALTY INVESTORS CORP 17 WEST PENNSYLVANIA AVE., STE 500 TOWSON MD 21204-5096</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 H Kinnear Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/6/02**  
Date

**410-296-4800**  
Daytime Phone #

0044810

CR2E083 (9/01)