

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90432 021 ****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~~

24021080

2. Principal Place of Business
1427 Clarkview Rd.
Suite, Apt. #, etc.
Suite 500
City & State
Baltimore, MD
Zip
21209 Country

3. Mailing Address
1427 Clarkview Rd.
Suite, Apt. #, etc.
Suite 500
City & State
Baltimore, MD
Zip
21209 Country

03032004 Chg-LLC CR2E083 (10/03)

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

NAPLES LAWDOK INC
4501 TAMiami TRAIL NORTH STE 300
NAPLES, FL 34103-3060

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CONTINENTAL REALTY INVESTORS CORP
17 WEST PENNSYLVANIA AVE., STE 500
TOWSON, MD 212045096 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1427 Clarkview Rd. Suite 500
Baltimore, MD 21209 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

William H. Kloner, Jr.

Date

Daytime Phone #

3/8/04 410-296-4800