


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000020450		
1. Entity Name CRS NAPLES, INC.		

FILED  
05 APR 29 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 5415 TAMiami TRAIL NORTH STE. 320 NAPLES, FL 34108 US	Mailing Address % INC CLARION PARTNERS 230 PARK AVENUE 12TH FLOOR NEW YORK, NY 10169 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04252005 Chg-P CR2E034 (10/03)

4. FEI Number 58-2553113	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD FURNARY, STEPHEN J %CLARION PARTNERS, 230 PARK AVE NEW YORK, NY 10169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100053040181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GROSSMAN, CHARLES %CLARION PARTNERS, 230 PARK AVE NEW YORK, NY 10169 <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	TS HARRELL, GLEN %CLARION PARTNERS, 230 PARK AVE NEW YORK, NY 10169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS Peter H. Zappulla c/o INC Clarion Partners, 230 Park Avenue New York, New York 10169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARRELL, GLEN 5415 TAMiami TRAIL NORTH NAPLES, FL 34108 <input checked="" 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	AS BRAUNHUT, STUART %CLARION PARTNERS, 230 PARK AVE NEW YORK, NY 10169 <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: <u>Stephen J. Furnary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Stephen J. Furnary	4/25/05	(212) 883-2500
	Date	Daytime Phone #	



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 344413 4801730

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pizulo*

ORDER DATE : April 29, 2005

ORDER TIME : 11:03 AM

ORDER NO. : 344413-010

CUSTOMER NO: 4801730

CUSTOMER: Carol A. Goodman, Legal Asst  
Bryan Cave LLP  
1290 Avenue Of The Americas  
32nd Floor  
New York, NY 10104-3300

ANNUAL REPORT FILING

NAME: CRS NAPLES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#2955

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
05 APR 29 PM 12:49  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA