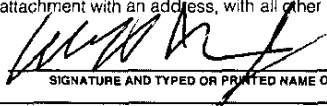


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90023 013 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                                                                                                           |                                                                                                                                                                         |                                                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000008981</b><br>1. Entity Name<br><b>600 FIFTH AVENUE DEVELOPMENT CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                           |                                                                                                                                                                         |                                                                   |  |
| Principal Place of Business<br><b>C/O CONTINENTAL REALTY CORP</b><br><b>17 W PENNSYLVANIA AVENUE SUITE 500</b><br><b>TOWSON, MD 21204</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                                                                                                                                                           | Mailing Address<br><b>C/O CONTINENTAL REALTY CORP</b><br><b>17 W PENNSYLVANIA AVENUE SUITE 500</b><br><b>TOWSON, MD 21204</b>                                           |                                                                                                                                                    |  |
| 2. Principal Place of Business<br><b>1427 Clarkview Rd.</b><br>Suite, Apt. #, etc.<br><b>Suite 500</b><br>City & State<br><b>Baltimore, MD</b><br>Zip<br><b>21209</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   | 3. Mailing Address<br><b>1427 Clarkview Rd.</b><br>Suite, Apt. #, etc.<br><b>Suite 500</b><br>City & State<br><b>Baltimore, MD</b><br>Zip<br><b>21209</b> |                                                                                                                                                                         | <div style="font-size: 24px; font-weight: bold;">94030488</div>  |  |
| 4. FEI Number<br><b>02-0617039</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                    |                                                                                                                                                                         |                                                                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                                                                                                                           |                                                                                                                                                                         | 03032004 Chg-P CR2E034 (10/03)                                                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NAPLES-LAWDOCK, INC.</b><br><b>4501 TAMiami TRAIL NORTH SUITE 300</b><br><b>NAPLES, FL 34103-3060</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                                                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                                                                                                                                                           |                                                                                                                                                                         |                                                                                                                                                    |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                       |                                                                                                                                                                         |                                                                                                                                                    |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                                                                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                   |                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DPT<br>LUETKEMEYER, JOHN A JR<br>17 W PENNSYLVANIA AVENUE<br>TOWSON, MD 21204     | <input type="checkbox"/> Delete                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | 1427 Clarkview Rd. Suite 500<br>Baltimore, MD 21209                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DVS<br>SCHAPIRO, J. MARK<br>17 W PENNSYLVANIA AVENUE<br>TOWSON, MD 21204          | <input type="checkbox"/> Delete                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | 1427 Clarkview Rd. Suite 500<br>Baltimore, MD 21209                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VAS<br>KINNEAR, WILLIAM H JR<br>17 W PENNSYLVANIA AVE STE 500<br>TOWSON, MD 21204 | <input type="checkbox"/> Delete                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | 1427 Clarkview Rd. Suite 500<br>Baltimore, MD 21209                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                   |                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                   |                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                   |                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                   |                                                                                                                                                           |                                                                                                                                                                         |                                                                                                                                                    |  |
| <b>SIGNATURE:</b>  <b>William H. Kinneer Jr.</b> <span style="float: right;">3/8/04</span> <span style="float: right;">410-296-4800</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                                                                                           |                                                                                                                                                                         |                                                                                                                                                    |  |