

**2018 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B16000000240

**Entity Name:** FAW, CASSON & CO. LLP

**Current Principal Place of Business:**

9748 STEPHEN DECATUR HWY 103  
OCEAN CITY, MD 21842

**Current Mailing Address:**

FAW, CASSON & CO., LLP  
9748 STEPHEN DECATUR HWY. 103  
OCEAN CITY, MD 21842 US

**FEI Number:** 52-0619968

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HARPER, LAUREN S CPA  
698 NE SPANISH RIVER BLVD APT 26  
BOCA RATON, FL 33431 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document #  
Name HARPER, LAUREN S  
Address 9748 STEPHEN DECATUR HWY  
City-State-Zip: OCEAN CITY MD 21842

Document #  
Name HASTINGS, LISA S  
Address 160 GREENTREE DRIVE, 203  
City-State-Zip: DOVER DE 19904

Document #  
Name FONDA, KIMBERLY A  
Address 160 GREENTREE DRIVE, 203  
City-State-Zip: DOVER DE 19904

Document #  
Name HOUCK, ALISON L  
Address 20245 BAY VISTA ROAD  
City-State-Zip: REHOBOTH BEACH DE 19971

Document #  
Name ORDWAY, TAMMY J  
Address 160 GREENTREE DRIVE 203  
City-State-Zip: DOVER DE 19904

Document #  
Name STETINA, BRIAN J  
Address 160 GREENTREE DRIVE 203  
City-State-Zip: DOVER DE 19904

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAUREN S. HARPER

**PARTNER**

**01/16/2018**

Electronic Signature of Signing General Partner Detail

Date