2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B07000000025

1. Entity Name
CRP-2 HOLDINGS CC, L.P.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08 MAR 20 AM 11:27

Principal Place of Business	Mailing Address
ONE INTERNATIONAL PLACE, SUITE 2750-2-CC BOSTON, MA 02110	ONE INTERNATIONAL PLACE, SUITE 2750-2-CC BOSTON, MA 02110

02132008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Two International Place	Two International Place
Suite, Apt. #, etc.: Suite 2500-2-CC	Suite, Apt. #, etc.: Suite 2500-2-CC
City & State: Boston, MA	City & State: Boston, MA
Zip: 02110 Country: USA	Zip: 02110 Country: USA

4. FEI Number 20-5778795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2008, Fee will be $900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M07000000362	STREET ADDRESS	Two International Place, Suite 2500-2-CC
NAME	CRP-2 HOLDINGS GP-CC, LLC	CITY-ST-ZIP	Boston, MA 02110
STREET ADDRESS	ONE INTERNATIONAL PLACE, SUITE 2750-2-CC		
CITY-ST-ZIP	BOSTON, MA 02110		
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Joy Malloy Joy Malloy, Asst. Sec'y of General Partner 3-6-08 310.282-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STATE OF FLORIDA