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DOCUMENT # M000000362 1. Entity Name								•					
CRE MANAGEMENT IX, LLC								FIL	.ED				
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Principal Plac			-	Mailing Address					V Am otat	C			
777 MAIN STF FORT WORTH		nw		777 MAIN STREET. SUITE 2100 FORT WORTH TX 76102			SEC! TALL	RETAK AHASS	Y ÒF STAT SEE, FLORI	DA			
2. Principal P	Place of Busin	1000	3. Mailing Address				1						
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Suite, Apt. #, etc.			Suite, Apt. #, etc.						DO NOT WRIT	E IN THIS S	PACE		_
City & State			City & State	City & State			4. FEI Number 75-2862359			-	Applied For Not Applicable		
Zip Country			Zip	Zip Cour			ntry 5. Certifi				\$5.00 Ad Fee Require		
	6. Name	and Address of Curre	nt Registered Agent	ered Agent Name			7. Name	and Add	iress of New Re	gistered A	gent		7
120	RPORATION 11 HAYS ST LAHASSEE		Y			Street Address (P.O. Box Number is Not Acceptable)							
IAL	LAI IAGGEE	FL 32301			City	•				FL	Zip Coc	ie	-
8. The above	named entity	y submits this statement	t for the purpose of changing i	ts register	ed office or	r registere	ed agent,	or both, in	the State of Flor	ida.	_!		1
					*	٠.							
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if applicable. (NO	DTE: Registere	ed Agent signati	ture required v	when reinstati	ng)		DATE			
					FEE IS \$								
			Make Check F		to Depart ay 1, 200		State						
9.		MANAGING MEM	BERS/MANAGERS	10.		-			ADDITIONS/0	CHANGES	io f	- 1 · · ·	\dashv
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11. I hereby o	ertify that the	information supplied w	ith this filing does not qualify f	or the exe	mption stat	ted in Sec	tion 119.0	7(3)(i), Flo	orida Statutes. I	urther certi	fy that the in	nformation	1

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

By: Crescent Real Estate Equality, 173 manager

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NATE OF SIGNAM MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date