PLEASE READ ALLIE QUIC DE CONDE CO CONDE CO CONDE COND

T LEAGE NEAD ALL III DENOG ON DIE STILL COMPANIE										
LIMITED LIABILITY COMPANY REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		06 NOV 14	AM 9: 00				
1. Limited l	JMENT # Mi	lame		SEUNLIARY TALLAHASSEE	GESTATE E.FLORIDA					
CRE r	MANAGEMENT	`IX, LLU		03	DK cr	32E041 (8 <i>1</i> 05)				
•	al Office Address		3. Mailing Office Ad	idress						
	AIN STREET		SAME		4. State/Country of Formatio	n DELAWARE				
Suite, Apt. #, etc. 5 2100			Suite, Apt. #, etc.		5. Date Organized or Qualifi To Do Business in Florida	ed				
City & State	• WORTH, TEXA:	c	City & State		6. FEI Number	Applied For				
Zíp	Country		Zip Country		75-2862359	Not Applicable				
76102					CERTIFICATE OF STATUS DE	SIRED S5.00 Additional Fee required for a Certificate of Status				
	Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. City TALLAHASSEE State Zip Code 32301									
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent										
10. Name	es and Street Addresse	es of Managing Merr	nbers/Managers							
Titles		Name of ng Members/Manage		Street Address of Each Managing Member/Manager		City / State / Zip				
MGR	Crescent Real Estate Equities, Ltd			777 Main Street, Suite 2100		th, TX 76102				
	REN	NSTATE	EMENT	2003	200	81777038				
filing the all fees as if m	his reinstatement applic is owed by the limited lia made under oath.	ication the reason for	dissolution has been eti	liminated, the limited liability comp lation indicated on this application	pany name satisfies the requirem is true and accurate, and my sig	er 608, F.S. I further certify that when ents of section 608.406, F.S., and that nature shall have the same legal effect				

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REFERENCE

5028300

COST LIMIT

ORDER DATE: November 14, 2006

ORDER TIME : 3:35 PM

ORDER NO. : 598712-010

CUSTOMER NO: 5028300

REINSTATEMENT

NAME: CRE MANAGEMENT IX, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS