

2001. UNIFORM BUSINESS REPORT (UBR)

FILED

01 SEP 21 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # B00000000045

1. Entity Name
CRESCENT REAL ESTATE FUNDING IX, L.P.

| | |
|---|---|
| Principal Place of Business 777 MAIN STREET, SUITE 2100 FORT WORTH TX 76102 | Mailing Address 777 MAIN STREET, SUITE 2100 FORT WORTH TX 76102 |
|---|---|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

DUE BY SEPTEMBER 26, 2001

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 75-2862369 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--|---|---|
| 9. Capital Contributions as Shown on record. \$125,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. 125,000,000.00 | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|--|---|---|

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 # NAME STREET ADDRESS CITY-ST-ZIP | M00000000382 CRE MANAGEMENT IX, LLC 777 MAIN STREET, SUITE 2100 FORT WORTH TX 76102 | STREET ADDRESS | |
| | | CITY-ST-ZIP | 300004604263--3 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
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| | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | BK |
| | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| | | CITY-ST-ZIP | |

14. 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 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: By: CRE Management IX, LLC, its general partner
By: Crescent Real Estate Equities, Ltd., its manager
By: *[Signature]*
Date: **9/17/01** Phone: **(817) 321-4756**

STAPLE CHECK HERE

0003944 AB

CR2E003 (5/01)



B00000000045
Patricia Pizzuto

ACCOUNT NO. : 072100000032

REFERENCE : 554764 5028300

AUTHORIZATION : *Patricia Pizzuto*

COST LIMIT : \$ ~~50.00~~ 926.25

ORDER DATE : September 20, 2001

ORDER TIME : 10:37 AM

ORDER NO. : 554764-020

CUSTOMER NO: 5028300

CUSTOMER: Beth Hays, Legal Asst
Crescent Real Estate Equities,
777 Main Street
Suite 2100
Fort Worth, TX 76102

ANNUAL REPORT FILING

NAME: CRESCENT REAL ESTATE FUNDING
IX, L.P.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS:

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