2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # B0600000364 1. Entity Name CRO DEVELOPMENT I L.P.					FILED 2007 APR -9 AM 10: 02	
Principal Place of Business 12200 STEMMONS FREEWAY, SUITE 100 DALLAS, TX 75234 Mailing Address 12200 STEMMONS FR DALLAS, TX 75234 DALLAS, TX 75234				SUITE 100	SECRE TALLAH	TARY OF STATE ASSEE, FLORIDA
2. Principal Pl	2. Principal Place of Business - No P.O. Box # 3. Mai			3. Mailing Address		
Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03272007 Chg-LP	CR2E003 (12/06)
City & State		City & State			4. FEI Number	✓ Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	d S8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent			Name	7. Name and Address of New	w Registered Agent
						<u>-</u>
1200 SOUT	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 Signature, typed or printed name of registered agent and title if applicable.						
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00						(W)
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 PARTNI		13.			CHANGES ONLY
DOCUMENT #						
NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			EET ADDRESS	100007	222441
STREET ADORESS CITY-ST-ZIP	STREET ADDRESS 12200 STEMMONS FREEWAY, SUITE 100			r-S1-ZIP	04/17/0701945008 **500.00	
DOCUMENT #			STR	EET ADDRESS		
STREET ADDRESS	· I			r-ST-ZIP		
DOCUMENT # NAME	NAME			EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CIT	7-S1-ZIP		
DOCUMENT # NAME STREET ADDRESS	NAME			EET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP			r-ST-ZIP		
DOCUMENT #			. Str	EET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME			сл	Y-ST-ZIP		
DOCUMENT #			STE	REET ADDRESS		
CITY-ST-ZIP	and the the information of the	ith this filing days and a		Y-ST-ZIP	and in Chapter 110. Sleaded Control	ton I further notify that the information
14. I hereby certify that the information supplied with this filling 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 signafule 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: 3 30 07 (972) 241 -5500						