

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership CROW FAMILY 1991 LIMITED PARTNERSHIP		1a. DOCUMENT # B93000000184	
Mailing Address 3200 TRAMMELL CROW CTR 2001 ROSS, SUITE 3200 DALLAS TX 75201		Principal Office Address 3200 TRAMMELL CROW CTR 2001 ROSS, SUITE 3200 DALLAS TX 75201	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 04/26/1993	
		3a. Date of Last Report 12/08/1997	
		4. State or Country of Formation TX	
		5a. Capital Contributions as Shown on record. \$0.00	
		5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number 75-2487203 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information) \$ 88.75	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
MILL SPRING HOLDINGS, INC.	2001 ROSS AVE., #3200	DALLAS TX 75201	F93000001724
TRAMMELL CROW FOUNDATION, LTD	2001 ROSS AVE., #3200	DALLAS TX 75201	B93000000067
700002721317--5			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE Jackie Chase, asst. sec.		DATE 12-7-98	
Typed or Printed Name of General Partner Signing Form Mill Spring Holdings, Inc.		Daytime Telephone Number 214 877 86	

FILED
98 DEC 23 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (8/96)



ACCOUNT NO. : 072100000032

REFERENCE : 073854 4345882

AUTHORIZATION : *Patricia Pizant*

COST LIMIT : \$ 141.25

ORDER DATE : December 21, 1998

ORDER TIME : 3:05 PM

ORDER NO. : 073854-005

CUSTOMER NO: 4345882

CUSTOMER: Ms. Meredith Grimes
Crow Family Holdings
2001 Ross Avenue
3200 Trammell Crow Center
Dallas, TX 75201

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CROW FAMILY 1991
LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS:

RECEIVED
99 DEC 23 PM 4:00
DIVISION OF CORPORATION