

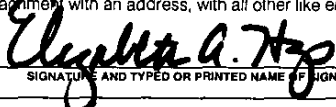


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F02000005115 1. Entity Name CRESCENT HOSPITALITY, INC.			<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">FILED 04 JUL -9 AM 4:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">07072004 No Chg-P CR2E034 (10/03)</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">4. FEI Number 75-2965769<div style="float: right; border: 1px solid black; padding: 2px;">Applied For Not Applicable</div></div> <div style="border: 1px solid black; padding: 5px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div style="font-size: 24px; margin-bottom: 20px;">200038953542</div> DO NOT WRITE IN THIS SPACE	
TITLE	CEO		
NAME	GOFF, JOHN C		
STREET ADDRESS	777 MAIN STREET, SUITE 2100		
CITY - ST - ZIP	FORT WORTH, TX 76102		
TITLE	PCOO		
NAME	ALBERTS, DENNIS H		
STREET ADDRESS	777 MAIN STREET, SUITE 2100		
CITY - ST - ZIP	FORT WORTH, TX 76102		
TITLE	CFOV		
NAME	CRENSHAW, JERRY R JR.		
STREET ADDRESS	777 MAIN STREET, SUITE 2100		
CITY - ST - ZIP	FORT WORTH, TX 76102		
TITLE	EVPS		
NAME	DEAN, DAVID M		
STREET ADDRESS	777 MAIN STREET, SUITE 2100		
CITY - ST - ZIP	FORT WORTH, TX 76102		
TITLE	VPT		
NAME	PORTER, CHRISTOPHER T		
STREET ADDRESS	777 MAIN STREET, SUITE 2100		
CITY - ST - ZIP	FORT WORTH, TX 76102		
TITLE	AS		
NAME	HAYS, ELIZABETH A		
STREET ADDRESS	777 MAIN STREET, SUITE 2100		
CITY - ST - ZIP	FORT WORTH, TX 76102		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		ELIZABETH A. HAYS ASSISTANT SECRETARY <div style="display: flex; justify-content: space-between;"><div>Date</div><div>7/8/04 (817) 321-1456</div></div>	



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 797503 5028300
AUTHORIZATION : *Patricia Pigato*
COST LIMIT : \$ 550.00

ORDER DATE : July 9, 2004

ORDER TIME : 1:30 PM

ORDER NO. : 797503-030

CUSTOMER NO: 5028300

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

ANNUAL REPORT FILING

NAME: CRESCENT HOSPITALITY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____

RECEIVED
04 JUL - 9 PM 2:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA