


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000897 (9)

1. Corporation Name
CROW-TERWILLIGER INVESTMENTS #2, INC.

Principal Place of Business
717 N. HARWOOD, STE. 1200
LOCK BOX 128
DALLAS TX 75201

Mailing Address
~~717 N. HARWOOD, STE. 1200
LOCK BOX 128
DALLAS TX 75201-0528~~



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1993	3a. Date of Last Report 04/19/1996
21. Suite, Apt. #, etc.	26. Trammell Crow Res.	4. FEI Number 75-2426542		Applied For Not Applicable	
22. City & State	27. 2859 Paces Ferry Rd Ste 1400	5. Date of Status Desired		\$8.75 Additional Fee Required	
23. Zip	28. ATLANTA GA	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. Country	29. 30339	30. Cobb		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-appointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELET	12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY - ST - ZIP		14. CITY - ST - ZIP	
TITLE	NAME	21. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELET	22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE	NAME	31. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELET	32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE	NAME	41. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELET	42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE	NAME	51. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELET	52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE	NAME	61. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELET	62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David J. Elwell David J. Elwell 4/28/97 770/901-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)