## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90021 029 \*\*\*\*50.00 DOCUMENT # M01000000670 CRESCENT RESOURCES, LLC 14001322 Principal Place of Business Mailing Address 400 S. TRYON ST., STE, 1300 P.O. BOX 1003 CFIARLOTTE, NC 28201-1003 CHARLOTTE, NC 28201-1003 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 57-0443582 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City 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. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MCR TITLE ☐ Delete TITLE member **X** Change Addition Duke ventures, LLC DUKE VENTURES, LLC NAME NAME 422 S. Church St. PB05E 422 S. CHURCH STREET PB05E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHARLOTTE, NC 28202 CITY-ST-ZIP Charlotte, NC 28202 MGR TITLE ☐ Delete TITLE Change ☐ Addition NAME FIELDS, ARTHUR W NAME STREET ADDRESS 400 S TRYON ST., STE 1300 STREET ADDRESS CHARLOTTE, NC 28202 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME SHORT, JAMES M JR NAME STREET ADORESS 400 S TRYON ST., STE 1300 STREET ADORESS CITY-ST-ZIP CHARLOTTE, NC 28202 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change MCGEE, R. WAYNE NAME NAME 400 S TRYON ST., STE 1300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHARLOTTE, NC 28202 CITY-ST-ZIP TITLE MGR ☐ Delete Change ☐ Addition TITLE MOGG, JIMMY NAME NAME STREET ADORESS 400 S TRYON ST., STE 1300 STREET ADDRESS CITY-ST-ZIP CHARLOTTE, NC 28202 CITY-ST-7IP ☐ Delete TITLE Сhалде ☐ Addition NAME NAME

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

stopowa, Date Glogowski, Asst. Sec. 4/15/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-\$T-ZIP

FILED