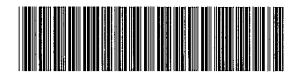
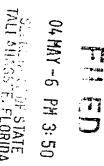
## MO1000001444

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
,					





000031250850





ACCOUNT NO. : 072100000032

REFERENCE: 616894 5028300

AUTHORIZATION

COST LIMIT :

\$ 25.00

ORDER DATE: May 5, 2004

ORDER TIME: 10:22 AM

ORDER NO. : 616894-010

CUSTOMER NO: 5028300

CUSTOMER: Beth Hays

Crescent Real Estate

Suite 2100

777 Main Street

Fort Worth, TX 76102

CHANGE OF AGENT

\*

NAME:

CRESCENT COLONNADE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

				<b>~</b>		
Pursuant to the provision liability company submits agent, or both, in the State	the following state	416 or 608. ment in ord	508, Florida Statut ler to change its reg	es, the undersign gistered office or	ied lim regist	iited ered
1. The name of the limited	d liability company	is: <u>Cresc</u>	ent Colonnade, I	LC		
2. The mailing address of	the limited liability	company is	: <u>c/o Crescent</u>	Real Estate		·
Equities, Ltd., 77	7 Main Street,	Suite 210	O, Fort Worth, 1	exas 76102		<del>-</del>
June 26, 2001			M010000014	144		
. Date of filing/registration in Florida 4. Document no						
5. The name of the register Florida Department of S		gistered off	ce address as shown	on the records of	40	
	Brian Bomstei	n, Esq.		_ =	HAY	
		Name		A	< 	in the same
	4425 Ponce De		d., 4th Floor	- 済속	9.	James V
		Address		Ęπi <sub>C</sub> .	P	Ti
	Coral Gables,	FL 331 ty, State and		- <del>T</del> S		-
6. The name and address of		• -	•	FLORIDA	3: 50	-
	Corporation Se	ervice Co	mpany	_		
		Name	<del></del>	_		
-	1201 Hays Stre	eet				
	Florida street addre	ess (P.O. B	ox NOT acceptable)			
	Tallahasse	FĻ	32301	_		
	City,	, State and	Zip			
If the limited liability componitred that after the chand the business office of the liability company, it is here the members of the limited the operating agreement of	ange or changes are the registered agent by confirmed that the l liability company o	made, the l will be iden he change(s or as otherw	Florida street address tical. Or, in the case is was/were authorized.	of the registered of a Florida limited by an affirmati	office ited ve vot	e of
	BETH A. WAYS		<del></del> -			
(Printed or typed name of signee)			<del></del>			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	tment as registered of all statutes relate accept the obligation is document is bein that the limited liabi	agent and a ive to the prons of my po g filed to ma lity compar	ngree to act in this co oper and complete p osition as registered erely reflect a chang y has been notified i	apacity. I further berformance of m agent as provide e in the registered n writing of this d	agree y dutie d for ir d office change	to s, 1

d Agent)

as its agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Cynthia L. Harris

(Signature of Registered Agent)