2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M02000000374

Robert A. McClain

SIGNATURE:

1. Entity Name

CH REALTY II/RETAIL GP, L.L.C.



FILED Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90007 047 ****50.00

214-661-8000

Daytime Phone #

3-28-03

Principal Plac 2100 MCKINNE DALLAS TX 75	Y AVE., STE.		Mailing Address 2100 MCKINNEY AVE STE. 700 DALLAS TX 75201				OCH HI BRID HEN BON BRIN BRIN BRIN	8 111 88 431 81		8 11 8 181 1881	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	e		City & State			4. FEI Num	4. FEI Number 01-0600945			Applied For Not Applicable	
Zip Country			Zip Country				5. Certificate of Status Desired				-
	6. Name	and Address of Current F	Registered Agent	<u> </u>		7. Name aı	nd Address of New Registe		•		1
COF		SERVICE COMPANY	ميسان د المتحدد المساسات	Name							1
1201	1 HAYS STI				Street Add	lress (P.O. Box Num	s (P.O. Box Number is Not Acceptable)				
					City			- .	Zip Cod	e	}
8. The above	named entity	submits this statement for	the purpose of changing its	s renister		raistered agent, or h	ooth, in the State of Florida.	FL lam fami			}
	ions of regist		the purpose of ortal ging to	o rogioto.	54 0111 00 51 10	gioloica agont, or c	out, in the otate of Florida.		nai 44101,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NO	TE: Registere	d Agent signature r	required when reinstating)	П)ATE			
											1
			Make Check Payab	le to Flo	FEE IS \$50 orida Depai ay 1, 2003						
9.	<u> </u>	MANAGING MEMBER		10.	-		ADDITIONS/CHAN	JGES.			1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DLDINGS MANAGERS, I KINNEY AVE., STE. 700	☐ Delete	TITLE NAM STRE			, as money on my		Change	Addition	(00/01/00/
TITLE Name Street address City-St-Zip	DALLAG	A 10201	☐ Delete	TITLE NAM STRE					Change	Addition	700
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11. I hereby certify that the information supplied with this filing coes 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 afginature 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.

By: Crow Holdings Managers, LLC, Its: Manager

VICE President