

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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03 SEP 24 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

002-009 3

**DOCUMENT # M02000002608**

1. Entity Name  
**CRESCENT MANALAPAN HOLDINGS, LLC**



Principal Place of Business  
777 MAIN STREET, SUITE 2100  
FORT WORTH TX 76102

Mailing Address  
777 MAIN STREET, SUITE 2100  
FORT WORTH TX 76102

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

\$0.00

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	CRESCENT REAL ESTATE EQUITIES, LTD. 777 MAIN STREET, SUITE 2100 FORT WORTH TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	400023314174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	BR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE: *Elizabeth A. Hays* **REQUIRED** 9/22/03 817-321-1456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: **ELIZABETH A. HAYS** AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)

PAFR ✓



# MO2000002608

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032  
 REFERENCE : 254375 5028300  
 AUTHORIZATION : *Patricia Fajuts*  
 COST LIMIT : \$ 50.00

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 TALLAHASSEE, FLORIDA  
 DEPARTMENT OF STATE

ORDER DATE : September 24, 2003  
 ORDER TIME : 1:15 PM  
 ORDER NO. : 254375-010  
 CUSTOMER NO: 5028300  
 CUSTOMER: Beth Hays  
 Crescent Real Estate  
 Suite 2100  
 777 Main Street  
 Fort Worth, TX 76102

RECEIVED  
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 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CRESCENT MANALAPAN HOLDINGS, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

*BN*

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: \_\_\_\_\_