

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

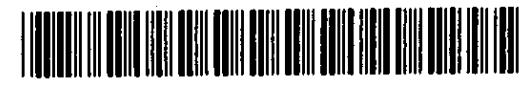
Mailing Address
777 MAIN STREET, SUITE 2100
FORT WORTH TX 76102

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 REGISTERED AGENT AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)

PAFR ✓



CORPORATION SERVICE COMPANY™

M02000002608

ACCOUNT NO. : 072100000032

REFERENCE : 254375 5028300

AUTHORIZATION : Patricia Fajuts

COST LIMIT : \$ 50.00

FILED
SEP 24 PM 4:58
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
03 SEP 24 PM 2:43
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:

XX PLAIN STAMPED COPY

BN

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____