

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002833

FILED
Apr 03, 2006
Secretary of State

Entity Name: CRESCENT RECOVERY, L.L.C.

Current Principal Place of Business:

1450 POYDRAS STREET, SUITE 1800
NEW ORLEANS, LA 70112

New Principal Place of Business:

Current Mailing Address:

1450 POYDRAS STREET, SUITE 1800
NEW ORLEANS, LA 70112

New Mailing Address:

FEI Number: 05-0581226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRESCENT BANK & TRUS, T
Address: 1450 POYDRAS STREET, SUITE 1800
City-St-Zip: NEW ORLEANS, LA 70112

Title: MGR () Delete
Name: ASHLEY, DARRELL M
Address: 1450 POYDRAS STREET, SUITE 1800
City-St-Zip: NEW ORLEANS, LA 70112

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DARRELL M ASHLEY

MGR

04/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date