

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002833

FILED
Jan 11, 2008
Secretary of State

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

Current Principal Place of Business:

5401 JEFFERSON HWY.
STE. D
HARAHAN, LA 70123

New Principal Place of Business:

510 INDEPENDENCE PARKWAY
SUITE 300
CHESAPEAKE, VA 23320

Current Mailing Address:

5401 JEFFERSON HWY.
STE. D
HARAHAN, LA 70123

New Mailing Address:

510 INDEPENDENCE PARKWAY
SUITE 300
CHESAPEAKE, VA 23320

FEI Number: 05-0581226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: 5401 JEFFERSON HWY., STE. D
City-St-Zip: HARAHAN, LA 70123

Title: MGR () Delete
Name: ENGLISH, MELISSA M
Address: 5401 JEFFERSON HWY., STE. D
City-St-Zip: HARAHAN, LA 70123

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: CRESCENT RECOVERY, L, LC
Address: 510 INDEPENDENCE PARKWAY, STE. 300
City-St-Zip: CHESAPEAKE, VA 23320

I hereby certify that the information supplied with this filing does not qualify 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: DELMA AMBROSE

MGR

01/11/2008

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