2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002833

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

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

510 INDEPENDENCE PARKWAY SUITE 300 CHESAPEAKE, VA 23320

Current Mailing Address: New Mailing Address:

510 INDEPENDENCE PARKWAY P.O. BOX 1097

SUITE 300 CHESAPEAKE, VA 23327 CHESAPEAKE, VA 23320

FEI Number: 05-0581226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CRESCENT BANK & TRUS, T
 Name:

 Address:
 5401 JEFFERSON HWY., STE. D
 Address:

 City-St-Zip:
 HARAHAN, LA 70123
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name:CRESCENT RECOVERY, L, LCName:Address:510 INDEPENDENCE PARKWAY, STE. 300Address:City-St-Zip:CHESAPEAKE, VA 23320City-St-Zip:

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: JEANIE HOOPES, HR ADMINISTRATOR HR 01/16/2009