

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002833

FILED  
Feb 23, 2012  
Secretary of State

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

**Current Principal Place of Business:**

510 INDEPENDENCE PARKWAY  
SUITE 300  
CHESAPEAKE, VA 23320

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1097  
CHESAPEAKE, VA 23327

**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  
155 OFFICE PLAZA DRIVE  
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  
Name: CRESCENT BANK & TRUST  
Address: 5401 JEFFERSON HWY., STE. D  
City-St-Zip: HARRAHAN, LA 70123

Title: MGR  
Name: CRESCENT RECOVERY, LLC  
Address: 510 INDEPENDENCE PARKWAY, STE. 300  
City-St-Zip: CHESAPEAKE, VA 23320

I hereby 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: SCOTT L. LEVIN, CPA

AVP

02/23/2012

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