


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
05 SEP 21 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000002724					
1. Entity Name CRESCENT ALHAMBRA, 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 75-2531304	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
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. Jeanine Reynolds as its agent 9-20-05 SIGNATURE DATE (NOTE: Registered Agent Signature Required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOFF, JOHN C 777 MAIN STREET, SUITE 2100 FORT WORTH, TX 76102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAUT, C. CHRISTOPHER 777 MAIN STREET, SUITE 2100 FORT WORTH, TX 76102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300059824153 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURCHELL, IAIN 777 MAIN STREET, SUITE 2100 FORT WORTH, TX 76102 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: John C. Goff SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			9/20/05 Date		817-321-1456 Daytime Phone #

BK



09202005 REIN-LLC CR2E101 (6/04)

REINSTATEMENT 2005



CORPORATION SERVICE COMPANY

MU4 0000 02724

ACCOUNT NO. : 072100000032

REFERENCE : 607048 5028300

AUTHORIZATION :

Patricia Pugh

COST LIMIT : \$ 150.00

ORDER DATE : September 20, 2005

ORDER TIME : 10:50 AM

ORDER NO. : 607048-035

CUSTOMER NO: 5028300

CUSTOMER: Beth Hays
Crescent Real Estate
Suite 2100
777 Main Street
Fort Worth, TX 76102

BH

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TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: CRESCENT ALHAMBRA, LLC

RECEIVED
05 SEP 21 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS _____