2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2007
Secretary of State

DOCUMENT# M04000002724

Entity Name: CRESCENT ALHAMBRA, LLC

Current Principal Place of Business:

777 MAIN STREET, SUITE 2100
FORT WORTH, TX 76102

New Principal Place of Business:

Current Mailing Address:

777 MAIN STREET, SUITE 2100
FORT WORTH, TX 76102

New Mailing Address:

FEI Number: 75-2531304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR ( ) Delete
Name: GOFF, JOHN C
Address: 777 MAIN STREET, SUITE 2100
City-St-Zip: FORT WORTH, TX 76102

Title: D ( ) Delete
Name: GAUT, C. CHRISTOPHER
Address: 1401 MCKINNEY, SUITE 2400
City-St-Zip: FORT WORTH, TX 76102

Title: D ( ) Delete
Name: DEAN, DAVID M
Address: 777 MAIN STREET, SUITE 2100
City-St-Zip: FORT WORTH, TX 76102

Title: D ( ) Delete
Name: BURCHELL, IAN
Address: 5323 HARRY HINES BLVD.
City-St-Zip: DALLAS, TX 76102

Title: PCOO ( ) Delete
Name: ALBERTS, DENNIS H
Address: 777 MAIN STREET, SUITE 2100
City-St-Zip: FORT WORTH, TX 76102

Title: V ( ) Delete
Name: MODY, JANE E
Address: 777 MAIN STREET, SUITE 2100
City-St-Zip: FORT WORTH, TX 76102

ADDITIONS/CHANGES:

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

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

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

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

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 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: ELIZABETH A. HAYS ACS 07/24/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date