


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
08 OCT 10 PM 2:45
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000005426 1. Entity Name CRESCENT DATRAN CENTER, 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10092008 REIN-LLC CR2E101 (1/07)	
4. FEI Number 75-2531304				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <i>Cynthia L. Harris</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Cynthia L. Harris Asst. Vice President </div> <div style="width: 30%; text-align: right;"> DATE <i>10/9/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO GOFF, JOHN C 777 MAIN STREET, SUITE 2100 FORT WORTH, TX 76102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Crescent Real Estate Equities, LP 777 Main St., Ste. 2100 Fort Worth, TX 76102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREYER, MICHELLE A 2711 CENTERVILLE ROAD, 3RD FLOOR WILMINGTON, DE 19808	<input checked="" 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	PCOO ALBERTS, DENNIS H 777 MAIN STREET, SUITE 2100 FORT WORTH, TX 76102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100136808211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DEAN, DAVID M 777 MAIN STREET, SUITE 2100 FORT WORTH, TX 76102	<input checked="" 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	V MILLER, THOMAS G 777 MAIN STREET, SUITE 2100 FORT WORTH, TX 76102	<input checked="" 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	V MODY, JANE E 777 MAIN STREET, SUITE 2100 FORT WORTH, TX 76102	<input checked="" 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 exemptions contained in Chapter 119, 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 119, Florida Statutes.					
SIGNATURE: <i>Elizabeth A. Hays</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			ELIZABETH A. HAYS ASSISTANT SECRETARY Date <i>10-9-08</i> Daytime Phone # <i>811-321-1451</i>		

REINSTATEMENT 2008



CORPORATION SERVICE COMPANY

Mo500005426

ACCOUNT NO. : 072100000032

REFERENCE : 753412 5028300

AUTHORIZATION

[Signature]

COST LIMIT : \$ 238.75

ORDER DATE : October 9, 2008

ORDER TIME : 4:03 PM

ORDER NO. : 753412-005

CUSTOMER NO: 5028300

REINSTATEMENT

NAME: CRESCENT DATRAN CENTER, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS _____

RECEIVED
08 OCT 10 AM 10:51
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 OCT 10 PM 2:45
DEPT. OF STATE
TALLAHASSEE, FLORIDA

[Handwritten initials]