## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## **DOCUMENT # M06000005608**

1. Entity Name



FILED

Secretary of State

May 01, 2008 8:00 am

05-01-2008 90026 005 \*\*\*138.75 CRO DEVELOPMENT GP, L.L.C. Principal Place of Business Mailing Address 12200 STEMMONS FREEWAY, SUITE 100 12200 STEMMONS FREEWAY, SUITE 100 ייטטח DALLAS, TX 75234 DALLAS, TX 75234 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 65-1260099 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!! FEE IS \$138.75 Make check payable to - 4 -After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ·· **X** Addition TITLE TITLE ☐ Change □ Delete MGR HARKEY, JOHN D JR LAMM, MOOK P NAME NAME 12200 STEMMONS FREENDY, SLITE /W 12200 STEMMONS FREEWAY, SUITE 100 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 95234 DALLAS, TX 75234 Dours TX MGR Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET, GENE 12200 STEMMONS FREEWAY, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75234 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 of the lecencer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE