


FILED
Jun 29, 2007 8:00 am
Secretary of State

04-27-2007 90022 033 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M06000006578			
1. Entity Name CH REALTY IV/LARGO, L.L.C.			
Principal Place of Business 2100 MCKINNEY AVE., SUITE 700 DALLAS, TX 75201		Mailing Address 2100 MCKINNEY AVE., SUITE 700 DALLAS, TX 75201	
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
02052007		Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-5900145		Applied For 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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CROW HOLDINGS MANAGERS, L.L.C. 2100 MCKINNEY AVE., SUITE 700 DALLAS, TX 75201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 608, Florida Statutes.			
SIGNATURE: <u>Please See Attached Signature Page</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date _____ Daytime Phone # _____			

30011366



CROW HOLDINGS

2100 McKinney Avenue

Suite 700

Dallas, Texas 75201

30011366
M06000006578

June 18, 2007

VIA: USPS

FLORIDA DEPARTMENT OF STATE
Division of Corporations
PO Box 647
Tallahassee, FL 32314

RE: FEI Number Correction

Please find enclosed the original completed form with the FEI number correction.
If you have any questions, please feel free to contact me.

Thank you,



Lisa Kaplan
Crow Holdings

Enclosures