## **2000 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

DOCUMENT # A9700002585  1. Entity Name								Meet     Top Top.			CES:
LEF/PLAZA WEST, LTD.							FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				-
Principal Place of Business  2601 S. BAYSHORE DRIVE SUITE 300-A MIAMI FL 33133			Mailing Address  ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196				OOFEBIL AMII: 25				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Number	65-0798254	·	Applied For Not Applicable	]
Zip Country 33133–5413		ry USA	Zip	ntry USA		5. Certificate of Status Desired					
		Iress of Current Re	egistered Agent				7. Name and A	ddress of New Reg	istered Agent	l	_]
1			· <b>-</b>		Name			"			
FRIEDMAN, DAVID A 2601 S. BAYSHIORE DRIVE					Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 300	)-A							•			
		33133-54	6413		City	FL Zip Code					
8. The above	named entity submits	this statement for t	he purpose of changing its	register	red office or	registere	ed agent, or both	, in the State of Florid	da.		
SIGNATURE.	Signature, typed or printed na	rne of registered agent and	······································			re required v	when reinstating)		DATE		
9. Capital Contributions as:Shown on record. \$1,000.00 in FLORIDA to date.					SEE REVERSE SIDE FOR FEE INFO						
	A GENER	AL PARTNER TH	AT IS A BUSINESS EN	TIŢY N	AUST BE F	REGIST	ERED AND AC	TIVE WITH THIS	OFFICE.		
-			NOT be changed on the	_		nament	must be filed			200	4
12.		NERAL PARTNER	NFORMATION	13.	· ,			ADDRESS CHAN	IGES UNLY		R2E003 (9/99)
DOCUMENT // NAME STREET ADDRESS	LEF/PLAZA WEST, INC.				REET ADDRESS	·260	2601 South Bayshore Drive, Suite 300-A				
CITY-ST-ZIP	MIAMI FL 33131				Y-ST-ZIP	Mia	Miami, Florida 33133-5413				
NAME				STF	REET ADDRESS					<u> </u>	<b>-</b>   ~
STREET ADDRESS CITY-ST-ZIP				CIT	Y-ST-ZIP	<del></del> .	uf:	प्रश्च∞ 		New York	$\downarrow$
NAME				STF	REET ADDRESS				***		
STREET ADDRESS CITY+ST-ZIP		· · · · · · · · · · · · · · · · · · ·	,	сп	Y-ST-ZIP				المساور والمساور والمساور		
NAME				STF	REET ADDRESS			00031 -02/25/ ****15	4551 00011	3111117 111117	
STREET ADDRESS CITY-ST-ZIP				cm	Y-ST-ZIP		· · · -	****15l	IJ.IJIJ ** ——————————————————————————————————	<u>***15U.UU</u>	
DOCUMENT# NAME				STF	REET ADDRESS					···	
STREET ADORESS CITY-ST-ZIP				сп	Y-ST-ZIP					···	
DOCUMENT # NAME				STF	REET ADDRESS						
STREET ADDRESS CITY - ST - ZIP					Y-ST-ZIP						
indicated the receiv	on this report is true a rer or trustee empowe	and accurate and the red to execute this	his filing does not qualify for nat my signature shall have report as required by Chap' rtner of LEF/Plaza	the sam ter 620,	ne legal effec Florida Stat	ct as if m	otion 119.07(3)(i) ade under oath;	, Florida Statutes. I fu that I am a General f	urther certify the arther of the li	iat the information mited partnership o	or

January 18, 2000

713-850-1850 Daytime Phone #