2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000002585

1. Entity Name

LEF/PLAZA WEST, LTD.

FILED
01 APR 26 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2601 S. BAYSHORE DRIVE SUITE 300-A MIAMI FL 33133-5413	ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0798254 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRIEDMAN, DAVID A 2601 S. BAYSHIORE DRIVE SUITE 300-A MIAMI FL 33133-5413	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000.00	Same	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000100946	STREET ADDRESS	
NAME	LEF/PLAZA WEST, INC.	CITY-ST-ZIP	
STREET ADDRESS	2601 S. BAYSHORE DRIVE., STE. 300-A		
CITY-ST-ZIP	MIAMI FL 33133-5413		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700084190647--3
NAME		CITY-ST-ZIP	-05/09/01--01060--015
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes LEF/Plaza West, Inc., General Partner of LEF/Plaza West, LTD, Sandra E. Ray, Secretary and Vice President

SIGNATURE: Sandra E. Ray March 21, 2001 713-850-1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #