2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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FILED May 11, 2005 08:00 AM Secretary of State

DOCUMENT # A9700002585 1. Entity Name LEF/PLAZA WEST, LTD.				Šec	retary of State
Principal Place of Business Mailing Address ONE GREENWAY PLAZA ONE GREENWAY PLAZA SUITE 850 SUITE 850 HOUSTON, TX 77046 HOUSTON, TX 77046					
Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	ifte, Apt. #, etc.		04282005 Chg-LP	CR2E003 (10/03)
City & State	tate City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65-0798254	Applied For Not Applicable
Zlp Country	Zip	Country		5. Certificate of Status Desired	Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name		
SHAPIRO, ROBERT L 2627 IVES DAIRY ROAD			Street Address	P.O. Box Number is Not Acceptab	ole)
SUITE 118 AVENTURA, FL 33180			ļ		
			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 Signature, Typed or printed name of registered agent and title if applicable					
Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date.			butions		
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 1 DOCUMENT# P97000100946					HANGES ONLY
NAME LEF/PLAZA WEST, INC.		STRE	ET ADDRESS		
STREET ADDRESS ONE GREENWAY PLAZA ONY-ST-ZIP HOUSTON, TX 77046			-ST-ZIP	ilor	ไม่มีมาวอยรงค
DOGUMENT # NAME			ET ADDRESS	05/11/	0000365745 /05-80013-016 150.00
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STREET ADDRESS CITY-ST-ZIP		СПҮ	-ST-ZIP		
14. I hereby certify that the information supplied with this filling 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 **EFFOLAZA WEST, INC. General part nev					
SIGNATURE: Signature and typed on printed name of signing general Partner Disto Dayling Phone &					