| 20 01 | UNIF | ORM BUSI | NESS REPO | RT | (UBR | <u>1)</u> | | | |
|---|-------------------------|----------------------------------|------------------------------|--|--|----------------------|----------------------------|--------------------------------|-----------------------------------|
| DOCUMENT # A9600000914 | | | | | | | | | |
| LEF/PALM-AIRE, LTD. | | | | | | | FILED | | |
| Principal Place of Business Mailing Address | | | | | | | I APR 26 PM | | |
| 2601 S. BAYSHORE DRIVE ONE GREENWAY PLAZA. SUITS 300-A HOUSTON TX 77046-0102 MIAMI FL 33133-5413 | | | | | TALLAHASSEE, FLORIDA | | | | |
| 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 Num | 65-0681116 | | Applied For Not Applicable | |
| Zip Country | | Zip | Country | | | te of Status Desired | iΔi Ė | 8.75 Additional ee Required | |
| 6. Name and Address of Current Registered Agent | | | | | Name | 7. Name an | d Address of New Re | gistered Aç | <u>jent</u> |
| FRIEDMAN, DAVID A 2601 S. BAYSHORE DRIVE SUITE 300-A MIAMI FL 33133-5413 | | | | | 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 _ | Signature, typed or pri | nted name of registered agent an | d title if applicable. (NOTE | d Agent signature | required when reinstating) | | DATE | | |
| 9. Capital Contributions as Shown on record. \$123,688.00 | | | in FLORIDA to da | 10. Amount of Capital Contributions in FLORIDA to date. Same | | | SEE REVERS | E SIDE FOR | TO DEPT. OF STATE FEE INFORMATION |
| 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. | | | | | | | | | ner. |
| | | | | | 3. ADDRESS CHANGES ONLY | | | | |
| DOCUMENT # P95000020360 NAME LEF/PALM-AIRE, INC. STREET ADDRESS 2601 S. BAYSHORE DRIVE STE. 300-A | | | | | EET ADDRESS -ST-ZIP | | | | |
| DOCUMENT # | | | | | EET ADORESS | ···· | | | |
| STREET ADDRESS | | | | | -ST-ZIP | | ാററററ് | 191 | 9980 |
| DOCUMENT / | | | | | EET ADDRESS | · | -05/09 ****5 | 7010 35,00 | 9980 1134007 ****\$535.00 |
| STREET ADDRESS CITY-ST-ZIP | · | | | CITY | -ST-ZIP | | | | |
| DOCUMENT # NAME STREET ADDRESS | | | | STRE | ET ADDRESS | | W. in | | |

CITY-ST-ZIP CITY-ST-ZIP 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/PaIm-aire, Inc., General Partner of LEF/PaIm-Aire, LTD.

Sandra E. Ray, Secretary and Vice President

March 16,2001 713-850-1850

SIGNATURE:

SIGNATURE SIGNATURE OF SIGNING GENERAL PARTNER

Date Despire Phone #

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP DOCUMENT #

NAME STREET ADDRESS

NAME STREET ADDRESS