2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Mar 04, 2004 08:00 AM Secretary of State

| DOCUMENT # A9600000914 1. Entity Name LEF/PALM-AIRE, LTD. * | | | | Secretary of State |
|---|--|---|---|---|
| Principal Place of Business Mailing Address ONE GREENWAY PŁAZA, SUITE 850 HOUSTON, TX 77046 Mailing Address ONE GREENWAY PŁAZA, HOUSTON, TX 77046 | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | <u> </u> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01142004 Chg-LP CR2E003 (10/03) |
| City & State | | City & State | | 4. FEI Number Applied For 65-0681116 Not Applied able |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired Status Desired Fee Required |
| | 6. Name and Address of Curr | ent Registered Agent | Name | 7. Name and Address of New Registered Agent |
| 2627 IVES | SHAPIRO, ROBERT L 2627 IVES DAIRY ROAD, SUITE 118 AVENTURA, FL 33180 | | | s (P.O. Box Number is Not Acceptable) |
| | | | City | FL Zio 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 agest and title of applicable. DATE | | | | |
| 9. Capital Contributions as Shown on record. \$123,688.00 In FLORIDA to date. | | | | |
| | NOTE: General Partners | MAY NOT be changed o | ENTITY MUST BE REGIS in the form; an amendment | STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner. |
| 12. | GENERAL PARTI P95000020360 | VER INFORMATION | _ 13. | ADDRESS CHANGES ONLY |
| NAME | LEF/PALM-AIRE, INC. | | STREET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | ONE GREENWAY PLAZA, SUITE 850 / HOUSTON, TX 77046 | | CITY-ST-ZIP | U00000088287 03/15/04-88045-812-158.00 |
| DOCUMENT A NAME STREET ADDRESS | | | STREET ADDRESS | 20, 13, 0, 000 to DIE 130, 00 |
| - CITY-ST-ZIP | | | CHY-SY-ZiP | |
| DOCUMENT * NAME STREET ADDRESS | | | STREET ADDRESS | |
| CITY-S7-ZIP | | | CAY-ST-ZIP | |
| NAME STREET ADDRESS | | | STREET ADDRESS | |
| CRY-ST-ZIP | | | CITY-ST-ZBP | |
| NAME STREET ADDRESS | | | STREET ADDRESS CHY-ST-ZIP | |
| DOCUMENT # | | | STREET ADDRESS | |
| STREET ADDRESS GITY-ST-ZIP | | | CITY-SI-ZIP | |
| the receiv | er or trustee empowered to execute | ind that my signature shall ha this report as required by Cl | ave the same legal effect as II hapter 620. Florida Stabiles | Section 118.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership of the of LEF/Palm Aire, Ltd. |
| SIGNATURE: 2/23/04 713-850-1850 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIER Date Despring Prone # | | | | |