


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 22 PM 3:03 umth 1/6	
1. Name of Limited Partnership LEF/NORTHRIDGE, LTD.		1a. DOCUMENT # A97000002586			
2. Mailing Address ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0102		2a. Principal Office Address 848 BRICKELL AVENUE, SUITE 1120 MIAMI FL 33131		3. Date Formed or Registered 12/01/1997 3a. Date of Last Report 04/10/1998 4. State or Country of Formation FL	
5a. Capital Contributions as Shown on record. \$1,000.00		5b. Amount of Capital Contributions in FLORIDA to date.		6. FEI Number 65-0798251 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent FRIEDMAN, DAVID A 848 BRICKELL AVENUE, SUITE 1120 MIAMI FL 33131		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 2601 S. Bayshore Drive Suite, Apt. #, etc. Suite 300-A City FL Zip Code 33133			
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) LEF/NORTHRIDGE, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 848 BRICKELL AVENUE,		11b. City, State & Zip Code MIAMI FL 33131	
				11c. Registration/ Document Number P97000101122	
000002735870--4 -01/11/98--01008--019 ****150.00 ****150.00					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. LEF/Northridge, Inc., general partner of LEF/Northridge, Ltd.					
SIGNATURE _____		Sandra E. Ray, Vice President		DATE 12/09/98	
Typed or Printed Name of General Partner Signing Form		Sandra E. Ray, Vice President		Daytime Telephone Number 713-850-1850	

CR2E003 (8/98)