2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: <

DOCUI		00002586								
LEF/NORTHRIDGE, LTD.						SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business 2601 S. BAYSHORE DRIVE SUITE 300-A MIAMI FL 33133 Malling Address ONE GREENWAY PLAZA. SU HOUSTON TX 77046-0196				50		00 FEB 14 AM 11: 25				
Principal Place of Business 3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	e	City & State	City & State		4. FEI Number	65-0798251		<u> </u>	plied For at Applicable	
Zip Country USA		Zip	Countr		5. Certificate o	f Status Desired		8.75 Add	litional	
. ,	6. Name and Address of Curre	nt Registered Agent	USA Jent		7. Name and A	Address of New Reg				
1			Name							
	N, DAVID A			Street Addre	ess (P.O. Box Number	is Not Acceptable)			, <u>u</u>	
2601 S. BAYSHORE DRIVE, STE 300-A MIAMI FL -33131 . 33133-5413										
MINDAILIE		33133–5413	-2413				FL	Zip Code 33133-	 5413	
8. The above	named entity submits this statemen	t for the purpose of changing its	register	ed office or reg	istered agent, or both	, in the State of Florid	da.	,		
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTI	E Registere	d Agent signature re	quired when reinstating)		DATE			
9. Capital Co as Shown	on record.		11. MAKE CHECK SEE REVERSE	SIDE FOR						
	A GENERAL PARTNEI NOTE: General Partners I	R THAT IS A BUSINESS EN MAY NOT be changed on the	TITY M	UST BE REC	GISTERED AND AC	TIVE WITH THIS to change a gen	OFFICE. eral partn	er.	}	
12.	GENERAL PARTI			ADDRESS CHAN						
DOCUMENT#	P97000101122 LEF/NORTHRIDGE, INC.			EET ADORESS	2601 South Bayshore Drive, Suite 300-A					
STREET ADDRESS CITY - ST - ZIP	848 BRICKELL AVENUE, SUIT MIAMI FL 33131	E 1120	CITY	-ST-ZIP	Miami, Florida	33133-5413				
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STREET ADDRESS CITY-ST-ZIP				'- ST- ZIP	, , . 					
indicated the receiv	certify that the information supplied to this report is true and accurate a ver or trustee empowered to execute or thridge, Inc., general E. RAY, SECRETARY AND	Ind that my signature shall have this report as required by Chap partner of LEF/North	the sam ter 620, r i dae .	e legal effect a: Florida Statutes L+d.	s if made under oath; s	, Florida Statutes. I fit that I am a General F	Partner of the	ne limitea p	eartnership or	

January 18, 2000

Date

713-850-1850

Daytime Phone #