

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000269

1. Entity Name

LDF REAL PROPERTY INVESTMENTS, LTD.

FILED

02 MAR 11 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2601 SO. BAYSHORE DRIVE, SUITE 300-A
MIAMI FL 33133-5413

Mailing Address

ONE GREENWAY PLAZA, SUITE 850
HOUSTON TX 77046-0102

2. Principal Place of Business

637 DESTACADA AVENUE
Suite, Apt. #, etc.

3. Mailing Address

637 DESTACADA AVENUE
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

CORAL GABLES, FLORIDA
Zip 33156 Country USA

City & State

CORAL GABLES, FLORIDA
Zip 33156 Country USA

4. FEI Number

65-0822225

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, DAVID A
2601 SO. BAYSHORE DRIVE, SUITE 200-A
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name FRIEDMAN, DAVID A.
Street Address (P.O. Box Number is Not Acceptable)
637 DESTACADA AVENUE
City CORAL GABLES, FL Zip Code 33156

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 printed name of registered agent and title if applicable.

3-6-02

DATE

9. Capital Contributions
as Shown on record.

\$500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P980000008930
NAME LDF REAL PROPERTY INVESTMENTS, INC.
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A
CITY-ST-ZIP MIAMI FL 33133-5413

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 637 DESTACADA AVENUE
CITY-ST-ZIP CORAL GABLES, FLORIDA 33156

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 600005133366--8
CITY-ST-ZIP -03/19/02--01014--018
****141.25 ****141.25

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-6-02 305-668-4530

Date

Daytime Phone #

CR2E003 (9/01)