


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	
1. Name of Limited Partnership LEF/TAMARAC, LTD.		1a. DOCUMENT # A98000000663	
Mailing Address ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0102		Principal Office Address 848 BRICKELL AVENUE, SUITE 1120 MIAMI FL 33131	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address 2601 S. Bayshore Drive Suite, Apt. #, etc. Suite 300-A City & State City State Zip Country 33133	
		3. Date Formed or Registered 03/11/1998	
		3a. Date of Last Report n/a	
		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 65-0830099 <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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
LEF/TAMARAC, INC.	848 BRICKELL AVENUE,	MIAMI FL 33131	P98000022944
800002721258--0 -12/23/98--01077--023 ****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/Tamarac, Inc., General Partner of LEF/Tamarac, Ltd.			
SIGNATURE <u>Sandra E. Ray</u>		DATE 12/09/98	
Typed or Printed Name of General Partner Signing Form Sandra E. Ray, Vice President		Daytime Telephone Number 713-850-1850	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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