| 2001 | <b>UNIFORM</b> | <b>BUSINESS</b> | <b>REPORT</b> | (UBR) |
|------|----------------|-----------------|---------------|-------|
|------|----------------|-----------------|---------------|-------|

| DOCUMENT # B9400000245   |  |                                 |                           | ) , , , , , , , , , , , , , ,                              |                  |  |  |  |
|--|--|---------------------------------|---------------------------|--|------------------|--|--|--|
| DARK STARR LIMITED PARTNERSHIP   |  |                                 |                           | FILED .  |                  |  |  |  |
| Principal Place of Business 2601 S. BAYSHORE DR. STE. 300-A MIAMI FL 33133-5413  | Mailing Address ONE GREENWAY PLAZA SUITE 850 HOUSTON TX 77046-0102 | ONE GREENWAY PLAZA<br>SUITE 850 |                           | 01 APR 16 AM II: 34 SECRETARY OF STATE TALLAHASSEE FLORIDA | 11 1 <b>41</b> 1 |  |  |  |
| 2. Principal Place of Business   | 3. Mailing Address   | 3. Mailing Address              |                           |  |                  |  |  |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  | Suite, Apt. #, etc.             |                           | DO NOT WRITE IN THIS SPACE                                 |                  |  |  |  |
| City & State   | City & State   | <u> </u>                        |                           | 4. FEI Number 65-0500559 Applied Not App                   |                  |  |  |  |
| Zip Country  | Zip  | Cour                            | ntry                      | 5. Certificate of Status Desired                           | <u>ş</u> l       |  |  |  |
| 6. Name and Address of   | Current Registered Agent   |                                 | Nama                      | 7. Name and Address of New Registered Agent                |                  |  |  |  |
|  |  | <u></u> -                       | Name David A. Friedman    |  |                  |  |  |  |
| COBER CORPORATE AGENTS, INC.<br>2601 S. BAYSHORE DRIVE, 19TH FLOOR   |  |                                 |                           | (P.O. Box Number is Not Acceptable)                        |                  |  |  |  |
| MIAMI FL 33133   |  |                                 | 2601 S                    | Bayshore Drive Ste 300-A                                   |                  |  |  |  |
|  |  |                                 | Miami,                    |  |                  |  |  |  |
| 8. The above named entity submits this sta   | ternent for the purpose of changing its                            | registere                       | ed office or registe      | ered agent, or both, in the State of Florida.              |                  |  |  |  |
| SIGNATURE  | theredi  | 16                              | <i>//</i>                 | 3-26-2001  | 1                |  |  |  |
| Signature, typed or printed name of beginning  | leved agent and tive if applicable. (NOTE                          | .: Registere                    | d Agent signature require | d when reinstating) DATE                                   | _                |  |  |  |
| 9. Capital Contributions as Shown on record.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  |  |                                 |                           |  |                  |  |  |  |
| NOTE: General Parti  | ners MAY NOT be changed on th                                      | e form                          | ; an amendme              | nt must be filed to change a general partner.              | 1                |  |  |  |
| 12. GENERAL PARTNER INFORMATION  |  |                                 |                           | ADDRESS CHANGES ONLY                                       |                  |  |  |  |
| NAME LEF/KENDALL MALL, LTD. STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A  |  | STRE                            | ET ADDRESS                |  |                  |  |  |  |
| CITY-ST-ZIP MIAMI FL 33133-5413  | Drive, Suite 300-A   | CITY                            | -ST-ZIP                   |  |                  |  |  |  |
| DOCUMENT # NAME STREET ADDRESS   |  | STRE                            | ET ADDRESS                | 100004064191-<br>-04/24/0101080024                         |                  |  |  |  |
| CITY-ST-ZIP  DOCUMENT #  |  | CITY-                           | -ST-ZIP                   | ****535,00 ****535.0                                       | <u>n</u>         |  |  |  |
| NAME<br>STREET ADDRESS   |  | STRE                            | ET ADDRESS                |  |                  |  |  |  |
| CITY-ST-ZIP  DOCUMENT # .  |  | CITY-                           | -ST-ZIP                   |  |                  |  |  |  |
| NAME<br>STREET ADDRESS   |  | ł                               | ET ADDRESS                |  |                  |  |  |  |
| CITY-ST-ZIP  DOCUMENT #  |  | -                               | ST-ZIP                    |  |                  |  |  |  |
| NAME. STREET ADDRESS   |  |                                 | ST-ZIP                    |  |                  |  |  |  |
| CITY-ST-ZIP  DOCUMENT #  |  | -                               | ET ADDRESS                |  |                  |  |  |  |
| NAME<br>STREET ADDRESS   |  | i                               | 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 LEF/Kendall Mall, Inc.General Partner of   |  |                                 |                           |  |                  |  |  |  |
| LEF/Kendall Mall, LTD., General Partner of Dark Star Limited Partnership  SIGNATURE:  Ray, Secretary and Wice President March 20,2001 713-850-1850  SIGNATURE AND TYPES OF PRINTED TABLE AND TYPES OF TABLE |  |                                 |                           |  |                  |  |  |  |