

2002 UNIFORM BUSINESS REPORT (UBR)

0017348 AT

DOCUMENT # B94000000245

1. Entity Name

DARK STARR LIMITED PARTNERSHIP

FILED

02 APR -1 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business One Greenway Plaza	3. Mailing Address Suite, Apt. #, etc. Suite 850
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City & State Houston TX	City & State	4. FEI Number 65-0500559	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip 77046	Country USA	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DAVID A. FRIEDMAN
2601 S. BAYSHORE DRIVE, STE. 300-A
MIAMI FL 33133

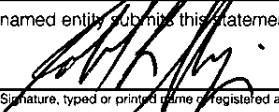
7. Name and Address of New Registered Agent

Name **Robert L. Shapiro**

Street Address (P.O. Box Number is Not Acceptable)
2627 Ives Dairy Road
Suite 118

City **Aventura** **FL** Zip Code **33180**

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  DATE **March 1, 2002**

9. Capital Contributions as Shown on record. \$7,750,000.00	10. Amount of Capital Contributions in FLORIDA to date. same	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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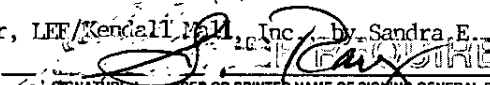
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A94000000846 LEF/KENDALL MALL, LTD. 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133-5413
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	One Greenway Plaza, Suite 850
CITY-ST-ZIP	Houston, Texas 77046
STREET ADDRESS	
CITY-ST-ZIP	800005195618--5 -04/05/02--01054--002 ****535.00 ****535.00
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 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, Ltd. by its
general partner, **LEF/Kendall Mall, Inc.** by **Sandra E. Ray, VP and Secretary**

SIGNATURE:  DATE **3-5-02** DAYTIME PHONE # **713-850-1850**

STAPLE CHECK HERE

CR2E003 (9/01)