## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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ST. STEPHEN LIMITED PARTNERSHIP



rincipal Place of Business NE GREENWAY PLAZA, STE, 850	Mailing Address ONE GREENWAY PLAZA		
OUSTON TX 77046	SUITE 850		
	HOUSTON TX 77046-0102		

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions

CHECK THIR

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FILED 03 APR 30 AM 5: 34 SECRETARY OF STATE TALLAHASSEE FLORIDA

2. Principal Place o	f Business	3. Mailing Address			435 DUE BY MAY 1, 2003		
Suite, Apt. #, etc		Suite, Apt. #, etc.					
City & State	& State City & State			4. FEI Number 65-0606323	Applied For Not Applicable		
Zip ·	Country	Zip	Zip Country			8.75 Additional ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SHAPIRO, ROB	BERT L		-	Name			
2627 IVES DAIRY RD., STE. 118 AVENTURA FL 33180		. 1	Street Address (P.O. Box Number is Not Acceptable)				
				City	FL	Zip Code	
	d entity submits this statem	nent for the purpose of changin	g its registere	ed office or regi	stered agent, or both, in the State of Florida. I am far	miliar with, and accept	

\$11,040,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Amount of Capital Contributions

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 200017544622 04/30/03--01025--007 \*\*535.00 A95000001014 DOCUMENT # STREET ADDRESS LEF/DELRAY MALL, LTD. NAME STREET ADDRESS ONE GREENWAY PLAZA, STE. 850 CITY-ST-ZIP **HOUSTON TX 77046** CITY-ST-ZIP STREET ADDRESS NAME STREET ADDRESS <del>84/30/03--01025--007--\*\*535.00</del> CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3 DOCUMENT # 🕹 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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), Florica 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/Delray Mall, Ltd., general partner, LEF/Delray Mall, Inc., general partner, Sandra Ray, VP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

713-850-1850

Daytime Phone #

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE