

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000016

1. Entity Name

JACK STRAW LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 10:45



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2601 S. BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133
Mailing Address: ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 65-0807701 Applied For Not Applicable

Zip 33133-5413 Country USA Zip Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBER CORPORATE AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133 33133-5413

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$250,000.00 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

13. ADDRESS CHANGES ONLY

DOCUMENT # A97000002585
NAME LEF/PLAZA WEST, LTD.
STREET ADDRESS 848 BRICKELL AVENUE, SUITE 1120
CITY - ST - ZIP MIAMI FL 33131

STREET ADDRESS 2601 South Bayshore Drive, Suite 300-A
CITY - ST - ZIP Miami, Florida 33133-5413

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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/Plaza West, Inc., General Partner of LEF/Plaza West, Ltd., General Partner of Jack Straw Limited Partnership**

SANDRA E. RAY, SECRETARY AND VICE-PRESIDENT
SIGNATURE: *Sandra E. Ray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

January 18, 2000 713-850-1850
Date Daytime Phone #

CR2E003 (9/99)