

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

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**



DO NOT WRITE IN THIS SPACE

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

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

33133-5413

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2601 South Bayshore Drive, Suite 300-A

CITY - ST - ZIP

Miami, Florida 33133-5413

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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 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 Jack Straw Limited Partnership**

SANDRA E. RAY, SECRETARY AND VICE-PRESIDENT
SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

January 18, 2000

Date

713-850-1850

Daytime Phone #

CR2E003 (9/99)