

2001 UNIFORM BUSINESS REPORT (UBR)

0029629 AF

DOCUMENT # L98000002768

1. Entity Name
LEF/NORTH MIAMI BEACH VILLAGE, L.L.C.

FILED
01 APR -9 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2601 SOUTH BAYSHORE DRIVE, SUITE 300-A
MIAMI FL 33133-5413

Mailing Address
ONE GREENWAY PLAZA, SUITE 850
HOUSTON TX 77046

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number **65-0881908**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRIEDMAN, DAVID A
2601 SOUTH BAYSHORE DRIVE, SUITE 300-A
MIAMI FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS/MEMBERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FRIEDMAN, LEONARD E ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FRIEDMAN, DAVID A 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133-5413 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900004013449--7 -04/17/01--01071--004 *****55.00 *****55.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ray, Sandra E. One Greenway Plaza, Suite 850 Houston, TX 77046-0196 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Swinke, David L. One Greenway Plaza, Suite 850 Houston, TX 77046-0196 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thibaut, Howard W. One Greenway Plaza, Suite 850 Houston, TX 77046-0196 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Sandra E. Ray, Secretary and Vice President

SIGNATURE: Sandra E. Ray March 26, 2001 713-850-1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)