

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0043985

**DOCUMENT # L98000002768**

1. Entity Name

**LEF/NORTH MIAMI BEACH VILLAGE, L.L.C.**

04-01-2002 90609 010 \*\*\*\*55.00

**B0054891**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2601 SOUTH BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133-5413</b>		Mailing Address <b>ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046</b>	
2. Principal Place of Business <b>One Greenway Plaza</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite 850</b>		Suite, Apt. #, etc.	
City & State <b>Houston TX</b>		City & State	
Zip <b>77046</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>65-0881908</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>FRIEDMAN, DAVID A 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133-5413</b>		7. Name and Address of New Registered Agent	
		Name <b>Robert L Shapiro</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>2627 Ives Dairy Road</b>	
		Suite 118	
		City <b>Aventura</b>	FL Zip Code <b>33180</b>

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)

**3/21/02**  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDR FRIEDMAN, LEONARD E ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FRIEDMAN, DAVID A 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133-5413</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Friedman, David A One Greenway Plaza, Suite 850 Houston TX 77046</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS RAY, SANDRA E ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SWINKE, DAVID L ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT THIBAUT, HOWARD W ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.

**LEF/North Miami Beach Village, L.L.C., by Sandra E. Ray, Manager and VP**

**SIGNATURE:**

**SIGNATURE REQUIRED**

**3-5-02**

**713-850-1850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)