2001 UNIFORM BUSINES:	REPORT	(UBR
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DOCUMENT # L9800003057 1. Entity Name LEF/CYPRESS LAKE, L.L.C.					01	FILED OI APR -4 AM 7: 54			
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE. SUITE 300-A MIAMI FL 33133-5413 Mailing Address ONE GREENWAY PLAZA, SUITE 8 HOUSTON TX 77046			Suite 850		SEC	RETARY OF STATE AHASSEE, FLORIDA			
2. Principal f	Place of Business	3. Mailing Address							
		_							
Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEIT	lumber 65-0881909	· -	pplied For ot Applicable	}	
Zip , Country		Zip	Zip Country		5. Cert	5. Certificate of Status Desired Status Desired Status Desired Fee Required			
	6. Name and Address of Current F	Registered Agent			7. Nam	e and Address of New Registe	ered Agent	· · ·	1
FRIEDMAN, DAVID A 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133			_	Name Street Add	ress (P.O. Box N	umber is Not Acceptable)		,	
				City FL Zip Code					
SIGNATURE .	Signature, typed or printed name of registered agent are	FILE NO Make Check Pay	W!!! FE	E IS \$50		1g) D	ATE		
9.	MANAGING MEMBE		10.			ADDITIONS/CHAN			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDMAN, LEONARD E ONE GREENWAY PLAZA, SUITE 8 HOUSTON TX 77046-0196	□ Delete	TITLE NAME STREET AI CITY-ST-		·	10000399	© Change 14571 01075	☐ Addition — 1 006	2E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDMAN, DAVID A 2601 SOUTH BAYSHORE DR., SUITE 300-A MIAMI FL 33133-5413		TITLE NAME STREET AI CITY-ST-			*****55 . 81		Addition	CR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ALL CITY-ST-	DDRESS DT	y, Sandr e-Greenw	☐ Change 【X , Sandra E. -Greenway Plaza, Suite 850 ston, TX 77046-0196			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ALL CITY-ST-	DRESS On		vid L. ay Plaza, Suite 8 X 77046-0196	I © Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	p p	☐ Delete	TITLE NAME STREET ACC	DRESS Dr.	ibaut, H e Greenw	oward W. ay Plaza, Suite & X 77046-0196	☐ Change	Addition Addition	
TITLE Name Street address City-St-Zip		✓ □ Delete	TITLE NAME STREET AD CITY-ST-2	ZIP		· .	☐ Change	☐ Addition	
mulcated	ertify that the information supplied with to on this report is true and accurate and the company or the receiver or trustee of Sandra E. Ray, Sec	nat my signature shall have the empowered to execute this re	e same leg port as red	jal effect a juired by C	s it made under	Aath: that I am a managing me	r certify that the ir ember or manage	nformation r of the	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAN March 27,2001 713-850-1850 Daytime Phone # AGER, OR AUTHORIZED REPRESENTATIVE