


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90046 044 \*\*\*\*55.00

<b>DOCUMENT # L98000003057</b> 1. Entity Name LEF/CYPRESS LAKE, L.L.C.													
Principal Place of Business ONE GREENWAY PLAZA STE 850 HOUSTON, TX 77046			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										
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent										
SHAPIRO, ROBERT 2627 IVES DAIRY RD STE 118 AVENTURA, FL 33180			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Name</td><td>Robert L. Shapiro</td></tr> <tr><td style="padding: 2px;">Street</td><td>900 N. Federal Highway</td></tr> <tr><td style="padding: 2px;"></td><td>Suite 208</td></tr> <tr><td style="padding: 2px;">City</td><td>Hallandale Beach, FL 33009</td></tr> </table>			Name	Robert L. Shapiro	Street	900 N. Federal Highway		Suite 208	City	Hallandale Beach, FL 33009
Name	Robert L. Shapiro												
Street	900 N. Federal Highway												
	Suite 208												
City	Hallandale Beach, FL 33009												
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. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>													
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>											
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDMAN, LEONARD E ONE GREENWAY PLAZA, SUITE 850 HOUSTON, TX 770460196 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, P <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV RAY, Sandra E. One Greenway Plaza, Ste 850 Houston, TX 77046 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV Howard W. Thibaut One Greenway Plaza, Ste 850 Houston, TX 77046 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V David L. Swinke One Greenway Plaza, Ste 850 Houston, TX 77046 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>									
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.													
<b>SIGNATURE:</b> <i>Leonard Friedman</i> <span style="float: right;"><i>5/11/2005</i></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>													
<small>Date Daytime Phone #</small>													