

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90184 050 ****55.00

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DOCUMENT # L98000003057

1. Entity Name
LEF/CYPRESS LAKE, L.L.C.



Principal Place of Business Mailing Address

**ONE GREENWAY PLAZA
STE 850
HOUSTON TX 77046** **ONE GREENWAY PLAZA, SUITE 850
HOUSTON TX 77046**

30064551



CHECK HERE IF MAKING CHANGES

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 **65-0881909** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHAPIRO, ROBERT
2627 IVES DAIRY RD
STE 118
AVENTURA FL 33180**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDMAN, LEONARD E ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRIEDMAN, DAVID A ONE GREENWAY PLAZA, STE 850 HOUSTON TX 77046 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RAY, SANDRA E ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWINKE, DAVID L ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT THIBAUT, HOWARD W ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196 <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	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Sandra E. Ray, VPR **SIGNATURE REQUIRED** **4/22/03** **713-850-1850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)