

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000773

1. Entity Name

LEF/BOCA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12: 53

Principal Place of Business

2601 SOUTH BAYSHORE DRIVE, SUITE 300-A
MIAMI FL 33133

Mailing Address

ONE GREENWAY PLAZA, SUITE 850
HOUSTON TX 77046-0196

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0893706

Applied For

Not Applicable

Zip

33133-5413

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

mf 3/2/00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME FRIEDMAN, LEONARD E
STREET ADDRESS 2601 SOUTH BAYSHORE DR., SUITE 300-A
CITY-ST-ZIP MIAMI FL 33133

TITLE MGR ☐ Delete
NAME FRIEDMAN, DAVID A
STREET ADDRESS 2601 SOUTH BAYSHORE DR., SUITE 300-A
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS One Greenway Plaza, Suite 850
CITY-ST-ZIP Houston, Texas 77046-0196

TITLE ☒ Change ☐ Addition
NAME 200003161992-15
STREET ADDRESS -03/08/00-01010-018
CITY-ST-ZIP Miami, Florida 33133-5413 *****55.00 *****55.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

LEONARD E. FRIEDMAN, MANAGER

SIGNATURE

SIGNATURE REQUIRED

January 18, 2000

713-850-1850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)