2001 UNIFORM BUSINESS REPORT (UBR)

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

1. Entity Nam		# L9900)00	00773					FIL	.ED			1
LEF/BOC	EF/BOCA, L.L.C.								01 APR -4	8Ħ	7: 59		3
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Principal Place of Business Mailing Address									SECRETARY	<u> </u>	STATE		
2601 SOUTH BAYSHORE DRIVE. SUITE 300-A ONE GREENWAY PLAZA. SUITE 850									TALLAHASSI	<u> </u>	LUKIU	A^	
MIAMI FL 331	33-5413		HC	OUSTON TX 77046									
							[
2. Principal Place of Business				3. Mailing Address								1111	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DO NOT WRITE IN T	HIS SP	ACE		
City & State				City & State				4. FEIN	Number 65-0893706			plied For]
Zip Country				ip	try .		\$6.00 Additional					-	
Zip Sound)							5. Certificate of Status Desired , 🖺 😽 53.00 Additional Fee Required						
	6. Name	and Address of Curren	t Registe	ered Agent		Nama		7. Name	e and Address of New Register	red Ag	ent		-
EDICOMANI DAMO A						Name							
FRIEDMAN, DAVID A 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A						Street A	Address (P.	O. Box N					
MIAMI FL	, O-A						:			-			
					City				FL	Zip Code	3	1	
• The above	nomed entit	cubmits this statement f	or the pu	rnoso of changing its	rogistor	od office o	v ragietara	d agent i	or both, in the State of Florida.	_			1
o. The above	nameu enar	y submits this statement i	or the pu	i pose of changing its	register	su onice c	i registeret	agent, i	or both, in the state or horida.				
SIGNATURE .	Signature, himad	or printed name of registered agen	t and title if	ondonia (NOT	F: Bonietara	A Agent signs	ature required wi	hon reinstati	ing) DA	TÉ			
	Signature, typeu	or printed name or registered agen	tano (Rie ii s	ppricable. (NOT	E. Hegiatere	a Agent agna	nois requires in	TOTAL TOTAL STATE OF THE STATE	1				
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•				Make Check Pa	iyable t	o vepan	tment of	State					
9.		MANAGING MEME	BERS/MI	EMBERS	10.				ADDITIONS/CHANG				1
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CITY-ST-ZIP		TX 77046-0196		CITY				90003994649 -04/12/0101078010 ******55.00 欧洲游*55点					
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NAME Street address		٠			NAM: STRE	E et address							
CITY-ST-ZIP						-ST-ZIP							
11. I hereby o	certify that the	information supplied wit	h this filir	ng does not qualify for	r the exe	mption sta	ated in Sect	ion 119.0	07(3)(i), Florida Statutes. 1 further	certify	that the in	formation	1
	bility compar	y or the receiver or truste	e empov	vered to execute this	report as	required	by Chapter		r oath; that I am a managing me orida Statutes.	mber (or manager	or the	
	/ S	indra E. Ray,	becr	ecary and V	ıçe F	resid	ent						

March 23,2001

Date

713-850-1850

Daytime Phone #