

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90083 004 \*\*\*\*\*55.00

**DOCUMENT # L99000000773**

1. Entity Name

LEF/BOCA, L.L.C.



Principal Place of Business

ONE GREENWAY PLAZA  
SUITE 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



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0893706**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAPIRO, ROBERT L  
2627 IVES DAIRY ROAD  
SUITE 118  
AVENTURA FL 33180

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PDR** ☐ Delete  
NAME **FRIEDMAN, LEONARD E**  
STREET ADDRESS **ONE GREENWAY PLAZA, SUITE #850**  
CITY-ST-ZIP **HOUSTON TX 77046-0196**

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

TITLE **V** ☐ Delete  
NAME **FRIEDMAN, DAVID A**  
STREET ADDRESS **ONE GREENWAY PLAZA, SUITE 850**  
CITY-ST-ZIP **HOUSTON TX 77046**

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

TITLE **VS** ☐ Delete  
NAME **RAY, SANDRA E**  
STREET ADDRESS **ONE GREENWAY PLAZA, SUITE 850**  
CITY-ST-ZIP **HOUSTON TX 77046-0196**

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

TITLE **V** ☐ Delete  
NAME **SWINKE, DAVID L**  
STREET ADDRESS **ONE GREENWAY PLAZA, SUITE 850**  
CITY-ST-ZIP **HOUSTON TX 77046-0196**

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

TITLE **VT** ☐ Delete  
NAME **THIBAUT, HOWARD W**  
STREET ADDRESS **ONE GREENWAY PLAZA, SUITE 850**  
CITY-ST-ZIP **HOUSTON TX 77046-0196**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**SIGNATURE:**

*Sandra E. Ray*  
**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)