2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANA

DOCUMENT # L9900000777 1. Entity Name LEF/COLLEGE PARKWAY, L.L.C.					FILED 01 APR -4 AM 7:59					
LL: 700L										
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133-5413 Mailing Address ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046						SECRETAI TALLAHAS	RY OF \$1 SEE, FLO	ATE JRIDA		
MINIMI IL VOI	00 0410	7,0001011 17 17010				† 1882)817 BIB (8118 1811) BIB)	BALL BALLI BALLI A	BUH BBUH (BBH		
Principal Place of Business 3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 65-0893711 Applied For					
Zip Country		Zip Country				+* · · · · · · · · · · · · · · · · · · ·		\$5.00 Add	ot Applicable	
<u> </u>			/			ficate of Status Desired	F	Fee Require		
	6. Name and Address of Current	Registered Agent	Name		7. Nam	e and Address of New	Registered A	gent		
FRIEDMAN, DAVID A										
2601 SOUTH BAYSHORE DRIVE, SUITE 300-A				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL	33133									
			City			FL Zip Code				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sig	nature required	when reinstati	ng)	DATE			
		FILE NO Make Check Pay	W!!! FEE IS able to Depa	-	f State					
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS	/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDMAN, LEONARD E ONE GREENWAY PLAZA, SUITE HOUSTON TO 33133	☐ Delete	NAME STREET ADDRES CITY-ST-ZIP	SDP		,		 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDMAN, DAVID A 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133-5413			V	800003994648 - 009 -04/12/0101078009 *****55.00 ******55.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	One G		a E. ay Plaza, Su: X 77046-0196		Change	⊠ Addition	
TITLE NAME Street address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Swink One G	e, Da reenw	vid L. ay Plaza, Sui X 77046-0196	ite 850	☐ Change	X Addition	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	One G	reenw	oward W. ay Plaza, Sui X 77046-0196	te 850	☐ Change	K Addition	
TITÉE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3				☐ Change	☐ Addition	
indicated	ertify that the information supplied with on this report is true and accurate and billity company or the receiver or trustee Sandra E. Ray, Secre	that my signature shall have th empowered to execute this re	ie same legal ef iport as required	fect as if ma	ade under	oath: that I am a mana	I further certi ging member	fy that the in or manager	iformation r of the	

OR AUTHORIZED REPRESENTATIVE Date

<u>713-850-1850</u>