## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900000778  1. Entity Name  LEF/COLUMBUS, L.L.C.					FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address					00 FEB 22 AH 9: 01		
2601 SOUTH BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133 ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196				50			
Principal Place of Business     3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.	, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
					4. FEI Number Applied For		
					65-089	3713 N	ot Applicable
Zip <b>3313</b>	3-5413 Country USA	Zip	Coun	try USA	5. Certificate of Status Desir	ed 🛛 \$5.00 Ad Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
FRIEDMAN, DAVID A 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133 - 5413			Street Address (P.O. Box Number is Not Acceptable)				
				City	<del></del>	FL Zip Coo	de
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  DATE							
FILE NOW!!! FEE IS \$5  Make Check Payable to Departm					State m/31	6100	
9.	MANAGING MEMBE		10.		ADDITIO	ONS/CHANGES  Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRIEDMAN, LEONARD E 2601 SOUTH BAYSHORE DR., SUITE 300-A			••			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDMAN, DAVID A 2601 SOUTH BAYSHORE DR., SUITE 300-A			Change Addition			
TITLE NAME STREET ADDRESS CITY- ST-ZIP		☐ Delicito		E   _	•	☐ Change	Addition
TITLE MAME STREET ADDRESS CETY-ST-ZEP		☐ Delete		·		☐ Change	Addition
TFILE RAME STREET ADDRESS CITY-ST-ZIP		☐ Deliste				☐ Change	Add/Ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		- 1		Change	Addition .
11. I hereby of	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have th	the exe	mption stated in Se	nade under oath: that I am a m	tes. I further certify that the anaging member or manag	information er of the

E OF SIGNING MANAGING MEMBER OR MANAGER

January 18, 2000

713-850-1850

Daytime Phone #