2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900000780 1. Entity Name LEF/DAVIE, L.L.C.						DIVISION OF CORPORATIONS 00 FEB 22 AM 9: 11				
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE. SUITE 300-A MIAMI FL 33133 Mailing Address ONE GREENWAY PLAZA. HOUSTON TX 77046-0196				. 60		, ,	o <2 AM	9: 11		
2. Principal P	lace of Business	3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State C		City & State	ity & State			4. FEI Number Applied For Not Applicable				
Zip Country Zi 33133-5413 USA		Zip	p Country USA		5. Certifica	te of Status Desire		\$5.00 Addi		
	6. Name and Address of Current R	egistered Agent		Name	7. Name a	nd Address of Nev	v Registered A	\gent .		
EDIEDMAN DAVID A										
2601 SOU	4		Street Addres	s (P.O. Box Num	P.O. Box Number is Not Acceptable)					
	33133 - 5413									
				City		-	FL	Zip Code		
8. The above	named entity submits this statement for t	the purpose of changing its	register	L ed office or regis	tered agent, or b	ooth, in the State of	Florida.		_	
SIGNATURE Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating)										
FILE NO Make Check Pa				FEE IS \$50.00 o Department			6100			
9.	MANAGING MEMBER		10. TITL			AODITIO	NS/CHANGES	Change	Addition	
TITLE NAME STREET ADDRESS CITY-87-ZIP	FRIEDMAN, LEONARD E			ET ADDRESS On	•	Plaza, Suite as 77046-019		E) wange		
TITLE RAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDMAN, DAVID A 2601 SOUTH BAYSHORE DR., SUITE 300-A MIAMI FL 33133			E EET AODRESS - ST- ZIP M î		© Change □ Addition 7000031620076 -03/08/0001010025 mi, Florida 33139+94955_00 *****55_00				
TITLE NAME STREET ADDRERS CITY-ST-ZIP		_ Deleta		- I '				Change	- Dairliacu •	
TITLE MAME STREET ACORESS CITY-ST-ZIP		☐ Doleta						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deleta		l				Change	Addition	
TITLE . NAME, STREET ADDRESS CATY-ST-ENP		Delete:		l				Change	Addition	
indicated	Certify that the information supplied with to on this report is true and accurate and the bility company or the receiver or trustee of the company of of the	nat my signature shall have t	he same	e legal effect as i	if made under oa	ath; that I am a ma	es. I further cert naging membe	tify that the in or manager	formation of the	

SIGNATURE AND TYPED OR PRINTE N ME OF SIGNING MANAGING MEMBER OR MANAGER

January 18, 2000

Date

713-850-1850

Daytime Phone #