

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90027 009 ****55.00

DOCUMENT # L99000000780

1. Entity Name
LEF/DAVIE, L.L.C.



Principal Place of Business
ONE GREENWAY PLAZA
STE 850
HOUSTON, TX 77046

Mailing Address
ONE GREENWAY PLAZA, SUITE 850
HOUSTON, TX 77046

20038329



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0893714

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
2627 IVES DAIRY RD
STE 118
AVENTURA, FL 33180

Name

Street

City

Robert L. Shapiro
900 N. Federal Highway
Suite 208
Hallandale Beach, FL 33009

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

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 770460196

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 770460196

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 770460196

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 770460196

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

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:

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

Date

Daytime Phone #

S. Ray, VP

Sandra Ray

4-14-05

713.355.4100