## 2001 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # L9900000781  1. Entity Name						FILED					
LEF/GAIN	JESVILLE, L.L.C.						(	JI APR -	4 AM 7:	<b>5</b> 9	
							Ç	SECRÈTAF	Y OF STA	TE	
Principal Place of Business Mailing Address					SECRÉTARY OF STATE TALLAHASSEE, FLORIDA						
2601 SOUTH BAYSHORE DRIVE. SUITE 300-A ONE GREENWAY PLAZA. S MIAMI FL 33133-5413 HOUSTON TX 77046				60					,	,	
2. Principal F	Place of Business	3. Mailing Address	ailing Address .								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State C		City & State				4. FEIN	lumber <b>65-089</b>	3716	<del>     </del>	pplied For ot Applicable	
Zip	Country	Zip	Count	try	5. Certificate of Status Desired X \$5.00 Additional Fee Required						
	6. Name and Address of Current	Registered Agent		Name		7. Name	and Address of	New Registere	d Agent	•	
FRIFDMAI	N, DAVID A			Name	ane						
2601 SOL	ITH BAYSHORE DRIVE, SUITE 300	- <b>A</b>	Stree			Address (P.O. Box Number is Not Acceptable)					
MIAMI FL	33133		•				0.1 D. E.		<u>.</u>		
				City	FL Zip Code						
8. The above	named entity submits this statement for	the purpose of changing its r	egistere	d office or	registere	d agent, o	or both, in the State	of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable /NOTE	Pagistarad	Agent signate	tro roquirod v	then reinstation		DAT	=		
	Signature, typed or printed harne or registered agont a	пиши паррядаре. (поте.	negisteled	L Wildelli Siftilati	nie iedoseo a	THE I THE I I STALL	·9)				
		EE IS \$ Depart		State	· .	-					
9.	MANAGING MEMBE	RS/MEMBERS	10.				ADDIT	IONS/CHANG	ES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDMAN, LEONARD E ONE GREENWAY PLAZA, SUITE : HOUSTON TX 77046-0196	. □ Delete	I .		DP			,	X Change	☐ Addition	
TITLE	MGR	☐ Delete	TITLE		V		5000	osaa	4 <b>5</b> 6	Addudh	
NAME STREET ADDRESS	FRIEDMAN, DAVID A 2601 SOUTH BAYSHORE DRIVE,	SUITE 300-A	NAME 300-A STREE			-04/12/0101078006 *****55.00 *****55.00					
CITY-ST-ZIP	MIAMI FL 33133-5413		CITY-	ST-ZIP							
TITLE	•	☐ Delete	TITLE	1	VS	··	- F	•	· Change	X Addition	
NAME STREET ADDRESS			NAME STREE			Ray, Sandra E. One Greenway Plaza. Suite 850					
City-St-ZIP				ST-ZIP	Hous	ton,	TX 77046-0	196	730		
TITLÉ		☐ Delete	TITLE		V Consideration	D	7		☐ Change	X Addition	
NAME STREET ADDRESS			NAME	T ADDRESS			avid L. vay_Plaza,	Siritos	250	!	
CITY-ST-ZIP				ST-ZIP	Hous	ton,	rx 77046-0	196	0.00	,	
TITLE	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE		VT	-			☐ Change	X Addition	
NAME			NAME		Thiba	Ťĥibaut, Howard W. One Greenway Plaza, Suite 850					
CITY-ST-ZiP	· *	<b>.</b>		T ADDRESS ST-ZIP	Houston, TX 77046-0196						
TITLE	<del></del>	□ Delete	TITLE						☐ Change	☐ Addition	
NAME	•	-	NAME							<del></del>	
STREET ADDRESS CITY-ST-ZIP	·			T ADDRESS ST-ZIP						ı	
11. I hereby c	ertify that the information supplied with	this filing does not qualify for t	he exem	nntion stat	ed in Sect	ion 119.0	7(3)(i), Florida Stat	utes. I further	ertify that the i	nformation	
indicated	on this report is true and accurate and to sility company or the receiver or trustee	hat my signature shall have the	e same	legal effec	t as if ma	de under	oath: that I am a r	nanaging mem	ber or manage	er of the	

March 23,2001

713-850-1850 Daytime Phone #