

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90965 007 \*\*\*\*55.00

**DOCUMENT # L99000000781**

1. Entity Name

LEF/GAINESVILLE, L.L.C.

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

2. Principal Place of Business

One Greenway Plaza

3. Mailing Address

Suite, Apt. #, etc.  
 Suite 850

Suite, Apt. #, etc.

City & State

Houston TX

City & State

4. FEI Number

65-0893716

Applied For

Not Applicable

Zip

77046

Country

USA

Zip

Country

5. Certificate of Status Desired ☒

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, DAVID A  
 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A  
 MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Robert L. Shapiro

Street Address (P.O. Box Number is Not Acceptable)

2627 Ives Dairy Road

Suite 118

City

Aventura

FL

Zip Code  
 33180

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

3/01/02

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDR FRIEDMAN, LEONARD E ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRIEDMAN, DAVID A 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133-5413	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RAY, SANDRA E ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWINKE, DAVID L ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT THIBAUT, HOWARD W ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Friedman, David A One Greenway Plaza, Suite 850 Houston TX 77046	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

LEF/Gainesville, L.L.C., by Sandra E. Ray, VP and Secretary

SIGNATURE:

SIGNATURE REQUIRED

3-5-02

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

Date

Daytime Phone #

CR2E083 (9/01)