

2000 UNIFORM BUSINESS REPORT (UBR)

0014526 AF

DOCUMENT # L99000000783

1. Entity Name
LEF/KEY LARGO, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 18 AM 9:00

Principal Place of Business
2601 SOUTH BAYSHORE DRIVE, SUITE 300-A
MIAMI FL 33133

Mailing Address
ONE GREENWAY PLAZA, SUITE 850
HOUSTON TX 77046-0196



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
33133-5413
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0893718
Applied For
Not Applicable

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 - 5413

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

3/1/00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRIEDMAN, LEONARD E 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRIEDMAN, DAVID A 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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	One Greenway Plaza, Suite 850 Houston, Texas 77046-0196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Miami, Florida 33133-5413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	100003155981-7 -03/03/00--01018--016 *****55.00 *****55.00	<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 and 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 OR MANAGER

January 18, 2000 713-850-1850
Date Daytime Phone #

CR2E0327C