

2000 UNIFORM BUSINESS REPORT (UBR)

0014518 AF

DOCUMENT # L99000000784

1. Entity Name
LEF/LAKE PARK, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 18 AM 8:58

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0893724

Applied For

Not Applicable

Zip

33133-5413

Country

USA

Zip

Country

USA

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

FRIEDMAN, DAVID A
2601 SOUTH BAYSHORE DRIVE, SUITE 300-A
MIAMI FL 33133 - 5413

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

mf 3/1/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME FRIEDMAN, LEONARD E
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS One Greenway Plaza, Suite 850
CITY-ST-ZIP Houston, Texas 77046-0196

TITLE MGR
NAME FRIEDMAN, DAVID A
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP Miami, Florida 33133-5413

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: *Leonard E. Friedman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

January 18, 2000 713-850-1850

Date

Daytime Phone #

CR2E083 (9/99)