713-850-1850 Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900000784 1. Entity Name LEF/LAKE PARK, L.L.C.						FILEOI APR -					
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE. SUITE 300-A MIAMI FL 33133-5413 Mailing Address ONE GREENWAY PLAZA. SUITE HOUSTON TX 77046						1	SECRETARY OF STAT ALLAHASSEE, FLORI	DA			
2. Principal Place of Business 3. Mailing Add			ing Address				1 1881:1611 BIO 18110 18111 88117 PB1:1 BB311 88 -	121 00 417 20 141 1 008 :	19111 B1E1 19E1		
Suite, Apt.	Suite, Apt. #, etc.	ite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Stat	te	City & State	ity & State			4. FEI Number 65-0893724 Applied For Not Applicable					
Zip Country		Zip Cour		try	5. Certificate of Status Desired - X . \$5.00 Additional Fee Required				ditional		
	6. Name and Address of Current I	Registered Agent	<u> </u>		1	7. Nam	e and Address of New Registere			1	
	,			Name			· · ·			7	
FRIEDMAN, DAVID A 2601 SOUTH BAYSHORE DRIVE, SUITE 300-A				Street A	Address (P.	ddress (P.O. Box Number is Not Acceptable)					
MIAMI FL 33133				·							
				City			. F	Zip Cod	le		
8. The above	e named entity submits this statement for	the purpose of changing its	registere	ed office o	r registered	d agent,	or both, in the State of Florida.				
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	Agent signat	w beniuper eru:	hen reinstati	ng) - DATE				
	٠,	FILE NO) !!! WC	FEE IS \$	50.00]	
		Make Check Pa	yable t	o Depart	ment of	State		,			
9.	MANAGING MEMBE	RS/MEMBERS	10.				ADDITIONS/CHANG]_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDMAN, LEONARD E ONE GREENWAY PLAZA, SUITE : HOUSTON TX 77046-0196	□ Delete 850			DP		60000399 -04/12/01-			IZE083 (11/00)	
TITLE	MGR	☐ Delete	TITLE		V		*****55.0			焬	
NAME STREET ADDRESS CITY-ST-ZIP	FRIEDMAN, DAVID A 2601 SOUTH BAYSHORE DRIVE, MIAMI FL 33133-5413		NAMI STRE							0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete			One G	S ay, Sandra E. ne Greenway Plaza, Suite 850 ouston, TX 77046-0196			X Addition	1	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE	i .			ivid L.	☐ Change	Addition	1	
CITY-ST-ZIP				ST-ZIP	Houst	reenw on, T	yay Plaza, Suite 8 XX 77046-0196	OU			
TITLE NAME		☐ Delete	TITLE		VT		loward W.	☐ Change	X Addition	1	
STREET ADDRESS) ·			T ADDRESS	One G	reenw	yay Plaza, Suite 8 XX 77046-0196	50		į.	
TITLE		Delete	TITLE			~**, 1	r	Change	Addition	1	
NAME	· ·	(NAME								
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP							
indicated	ertify that the information supplied with to on this report is true and accurate and the information or the receiver or trustee	hat my sionature shall have th	ne same	legal effer	ct as if mai	de under	nath: that I am a managing mam	ertify that the ir ber or manage	nformation r of the		