

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90083 003 *****55.00

DOCUMENT # L99000000784

1. Entity Name

LEF/LAKE PARK, L.L.C.



Principal Place of Business

**ONE GREENWAY PLAZA
SUITE 850
HOUSTON TX 77046
US**

Mailing Address

**ONE GREENWAY PLAZA
SUITE 850
HOUSTON TX 77046
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0893724**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHAPIRO, ROBERT L
2627 IVES DAIRY ROAD
SUITE 118
AVENTURA FL 33180**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDR
FRIEDMAN, LEONARD E
ONE GREENWAY PLAZA, SUITE 850
HOUSTON TX 77046-0196** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FRIEDMAN, DAVID A
ONE GREENWAY PLAZA SUITE 850
HOUSTON TX 77046** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
RAY, SANDRA E
ONE GREENWAY PLAZA, SUITE 850
HOUSTON TX 77046-0196** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SWINKE, DAVID L
ONE GREENWAY PLAZA, SUITE 850
HOUSTON TX 77046-0196** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
THIBAUT, HOWARD W
ONE GREENWAY PLAZA, SUITE 850
HOUSTON TX 77046-0196** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

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

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

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☐ Change ☐ 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.

SIGNATURE: **Sandra E. Ray, VP** *Sandra Ray*

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

4/22/03

Date

713-850-1850

Daytime Phone #

CR2E083 (10/02)