## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

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DOCUMENT # L9900004758					SECRETARYOUTS TALK				
LEF/CORAL WAY, L.L.C.					SECRETARY OF STATE DIVISION OF CORPORATIONS				
		· · ·			00 FE	B 16 PM 12:	19		
Principal Place of Business Mailing Address									
2601 SOUTH BAYSHORE DRIVE. SUITE 300-A MIAMI FL 33133 MIAMI FL 33133-5413									
						) <b>1   1   1   1   1   1   1   1   1   1 </b>			
Principal Place of Business     Address     Address			-						
One Greenway Plaz Suite, Apt. #, etc. Suite, Apt. #, etc.			2a	DO NOT WRITE IN THIS SPACE					
Suite, Apt. #, etc. Suite 850				DO NOT WHITE IN THIS SPACE					
City & State City & State			· · · · · ·	4. FEI N	umber		<u> </u>	plied For	
		Houston, Texas	Country		5-0972974	\$5.00 Add	t Applicable		
Zip <b>33133</b>	-5413 USA	77046-0196	USA	5. Certif	icate of	Desired 🗓	Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name	and A	of New Register	ed Agent		
Name									
				ddress (P.O. Box Number is Not Acceptable)					
2601 SOUTH BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133 - 5413				W <b>a</b>	<del>-</del>				
MIAMI FL 33133 - 5415			City		FL Zip Code				
	<u></u> , .								
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registered agent, o	or both, in th	ne State of Florida.			
SIGNATURE .		_							
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signatu	re required when reinstation	ng)	DAT	TE		
		FILE NO	N!!! FEE IS \$!	50.00		20/21/	24/00		
		Make Check Paya	able to Departn	nent of State			<b>2</b> 9/ <i>0</i> 0		
9.	MANAGING MEMBE	ERS/MEMBERS	10.			ADDITIONS/CHANG			
TITLE	MGR .	☐ Delicte	TITLE				X Change	Addition	
NAME	FRIEDMAN, LEONARD E								
STREET ADDRESS	2801 SOUTH BATSHORE DRIVE, SOITE SOUTA			One Greenway: Plaza, Suite 850					
TITLE	MIAMI FL 33 133			Houston, T	exas 71	046-0196	X Change	Addition	
NAME	MGR FRIEDMAN, DAVID A	L. bacu	NAME					_	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE, SUITE 300-A			188					
CITY-ST-ZIP	MIAMI FL 33133		CITY- ST- ZIP	Miami, Flo	<u>rida 33</u>	3133-5413	Change	Addition	
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STREET ADDRESS		خيرانوجج أأرا أرضف	STREET ADDRESS	~	<u>-</u>	30/3145 32/28/00-5	0103801	4	
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NAME STRFEY ADDRESS	:		NAME STREET ADDRESS					ļ	
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TITLE		Delete	TITLE				Change Change	Addition	
NAME "	•,		NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						
11   horoby (	t certify that the information supplied with	this filing does not qualify for t	he exemption stat	ed in Section 119.0	07(3)(i), Flor	ida Statutes. I further	certify that the ir	nformation	
indicated	on this report is transand accurate and ibility company of the receiver or trustee	that my signature shall have the e empowered to execute this re	e same legal effec	ct as if made under	oath: that '	i am a managing me	mber or manage	rotine	
	L'ONA DE FRIEDM	IN, MANAGAER							

AE OF SIGNING MANAGING MEMBER OR MANAGER

January 18, 2000

713-850-1850

Daytime Phone #