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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90012 017 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000020362 (6)
 1. Corporation Name

LEF/Delray Mall, Inc.

Principal Place of Business: 848 Brickell Ave. Suite 1120 Miami, FL 33131
 Mailing Address: One Greenway Plaza Suite #850 Houston, TX 77046-0197

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1995
 4. FEI Number: 65-0585895
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 2601 S. Bayshore Drive Suite #300-A Miami, FL 33133-5417
 2a. Mailing Address: [Blank]
 22. City & State: Miami, FL
 24. Zip: 33133-5417 Country: USA

9. Name and Address of Current Registered Agent
 Friedman, David A.
 848 Brickell Avenue, Suite 1120
 Miami, FL 33131
 (see new address at right)

10. Name and Address of New Registered Agent
 81 Name: David A. Friedman
 82 Street Address: 2601 S. Bayshore Drive
 83 Suite 300-A
 84 City: Miami FL 85 Zip Code: 33133-5417

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/> DELETE
NAME	Friedman, Leonard E	
STREET ADDRESS	848 Brickell Ave., Suite 1120	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	Friedman, David A.	
STREET ADDRESS	848 Brickell Avenue, Suite 1120	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Ray, Sandra E.	
STREET ADDRESS	One Greenway Plaza, Suite 850	
CITY-ST-ZIP	Houston, TX 77046-0102	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Swinke, David L.	
STREET ADDRESS	One Greenway Plaza, Suite 850	
CITY-ST-ZIP	Houston, TX 77046-0102	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	[Blank]	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	[Blank]		
1.3 STREET ADDRESS	2601 S. Bayshore Drive, Suite 300-A		
1.4 CITY-ST-ZIP	Miami, FL 33133		
2.1 TITLE	DV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	[Blank]		
2.3 STREET ADDRESS	2601 S. Bayshore Drive, Suite 300-A		
2.4 CITY-ST-ZIP	Miami, FL 33133		
3.1 TITLE	SV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	[Blank]		
3.3 STREET ADDRESS	[Blank]		
3.4 CITY-ST-ZIP	[Blank]		
4.1 TITLE	[Blank]	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	[Blank]		
4.3 STREET ADDRESS	[Blank]		
4.4 CITY-ST-ZIP	[Blank]		
5.1 TITLE	VT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Thibaut, Howard W.		
5.3 STREET ADDRESS	One Greenway Plaza, Suite 850		
5.4 CITY-ST-ZIP	Houston, TX 77046-0102		
6.1 TITLE	[Blank]	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	[Blank]		
6.3 STREET ADDRESS	[Blank]		
6.4 CITY-ST-ZIP	[Blank]		

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4-15-99 713-850-1850
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)