

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000100969

1. Entity Name
LEF/SPRINGSGATE VILLAGE, INC.



Principal Place of Business

ONE GREENWAY PLAZA
SUITE 850
HOUSTON, TX 77046

Mailing Address

ONE GREENWAY PLAZA
SUITE 850
HOUSTON, TX 77046-0102



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0798290	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FRIEDMAN, LEONARD E ONE GREENWAY PLAZA., STE 850 HOUSTON, TX 770460196
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS RAY, SANDRA E ONE GREENWAY PLAZA, SUITE 850 HOUSTON, TX 770460196
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SWINKE, DAVID L. ONE GREENWAY PLAZA, SUITE 850 HOUSTON, TX 770460196
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT THIBAUT, HOWARD W ONE GREENWAY PLAZA, STE 850 HOUSTON, TX 770460196
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

U00000357902
05/04/05-80092-021 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra E. Ray Vice President

4/28/05

7133554100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #