

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90012 012 \*\*\*158.75

DOCUMENT # P97000101122 (4)

1. Corporation Name

LEF/Northridge, Inc.

Principal Place of Business

Mailing Address

848 Brickell Ave.  
Suite 1120  
Miami, FL 33131

One Greenway Plaza  
Suite 850  
Houston, TX 77046-0197

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/01/1997

2. Principal Place of Business  
21 2601 S. Bayshore Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.  
#300-A

27 Suite, Apt. #, etc.

23 City & State  
Miami, FL

28 City & State

24 Zip 33133-5417 25 Country USA

29 Zip 30 Country

4. FEI Number  
65-0798249

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Friedman, David A.  
848 Brickell Avenue, Suite 1120  
Miami, FL 33131  
(see new address at right)

81 Name David A. Friedman

82 Street Address (P.O. Box Number is Not Acceptable)  
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS Friedman, Leonard E  
CITY-ST-ZIP 848 Brickell Ave., Suite 1120  
Miami, FL 33131

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2601 S. Bayshore Drive, Suite 300-A  
1.4 CITY-ST-ZIP Miami, FL 33133-5417  
77046-0197

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS Friedman, David A.  
CITY-ST-ZIP 848 Brickell Avenue, Suite 1120  
Miami, FL 33131

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 2601 S. Bayshore Drive, Suite 300-A  
2.4 CITY-ST-ZIP Miami, FL 33133-5417

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS Ray, Sandra E.  
CITY-ST-ZIP One Greenway Plaza, Suite 850  
Houston, TX 77046-0102

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME SV  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 77046-0197

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS Swinke, David L.  
CITY-ST-ZIP One Greenway Plaza, Suite 850  
Houston, TX 77046-0102

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME V  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 77046-0197

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME VT  
5.3 STREET ADDRESS Thibaut, Howard W.  
5.4 CITY-ST-ZIP One Greenway Plaza, Suite 850  
Houston, TX 77046-0197

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

713-850-1850

Daytime Phone #

CR2E034 (11/98)