## 2001 UNIFORM BUSINESS REPORT (UBR)

David A Freidman Presi

SIGNATURE:

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SIGNATURE AND PIPED OF

## Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P98000008930 LDF REAL PROPERTY INVESTMENTS, INC. 04-10-2001 90008 012 \*\*\*158.75 Mailing Address Principal Place of Business 2601 SOUTH BAYSHORE DRIVE., SUITE 300-A ONE GREENWAY PLAZA 046600 MIAMI FL 33133-5413 SUITE 850 HOUSTON TX 77046-0196 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0821482 Not Applicable -Country-Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIEDMAN, DAVID A Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH BAYSHORE DRIVE., SUITE 300-A MIAMI FL 33133-5413 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PVST TITLE ☐ Change ☐ Addition ☐ Delete TITLE FRIEDMAN, DAVID A NAME NAME 2601 SOUTH BAYSHORE DRIVE., SUITE 300-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33133-5413 ■ Addition ☐ Change TITLE TITLE FRIEDMAN, DAVID A NAME NAME 2601 SOUTH BAYSHORE DRIVE., SUITE 300-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP\_ CITY-ST-ZIP MIAMI FL 33133-5413----Addition TITLE Delete Delete TITI F .\_. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my agnature 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 11 or Block 12 if changed, or on an attachment with an address with all other life empowered.

March 21, 2001 713-850-1850