

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 23 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

1. Name of Limited Partnership
1a. DOCUMENT #
A93000000852

JEFFERSON PLAZA, LTD.

<p>Mailing Address: 2665 South Bayshore Dr. Suite 302 Coconut Grove, FL. 33133 US</p>		<p>Principal Office Address: 2665 South Bayshore Dr. Suite 302 Coconut Grove, FL. 33133 US</p>		<p>3. Date Formed or Registered 8/19/1993</p>	<p>5a. Capital Contributions as Shown on record \$9,200,000.00</p>
<p>2. Mailing Address: Suite, Apt. #, etc: City & State: Zip Country</p>		<p>2a. Principal Office Address: Suite, Apt. #, etc: City & State: Zip Country</p>		<p>3a. Date of Last Report 9/18/1995</p>	<p>5b. Amount of Capital Contributions in FLORIDA to date</p>
				<p>4. State or Country of Formation</p>	
				<p>6. FEI Number 65-0459168</p>	<p><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p>
				<p>7. Certificate of Status Desired <input checked="" type="checkbox"/></p>	<p>\$8.75 Additional Fee Required</p>
				<p>8. Make check payable to Dept. of State (See reverse side for fee information)</p>	

<p>9. Name and Address of Current Registered Agent Munier, Jean-Marc 2665 So. Bayshore Dr., Suite 302 Coconut Grove, Fla. 33133</p>	<p>10. If changed, now Registered Agent/Office Name: Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. # etc: City: FL Zip Code:</p>
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<p>11. Name(s) of General Partner(s) Jefferson Plaza Management</p>	<p>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2665 So. Bayshore Drive, Suite 302</p>	<p>11b. City, State & Zip Code Miami, FL. 33133</p>	<p>11c. Registration/Document Number 194000000220</p>
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-01/03/97--01147--010
****585.00 ****585.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the D.V.s of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that all the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Jean Marc Munier* DATE Dec. 11, 1996

Typed or Printed Name of General Partner Signing Form: **Jean-Marc Munier, Manager & Sr. V.P. of Jefferson Plaza Management LC, General Partner** Daytime Telephone Number: **(305) 858-7749**

CR2E003 (6/96)